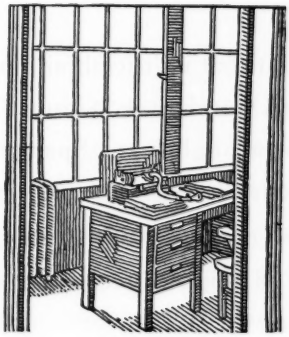
THE *Publisher's*



No. 138

CORNER

By MASS

POSTOFFICE PROSTHETICS

AND life goes on. Last month it was a postal that set this department on its ear. Now a dentist in Chicago is writing—he wants to make me a couple of dentures, provided I'll take the impressions myself. And wait in the postoffice for the teeth.

"You are under a constant feeling of embarrassment," he writes, "among friends and in public."

It's postals, mister—not teeth. You should keep up with the CORNER.

"You look many years beyond your true age," he

multigraphs. But that isn't teeth either—it's publishing, getting out ORAL HYGIENES and *Dental Digests*, doing CORNERS in English and Spanish, watching for upside-down commas.

And how do you know my true age? A man is as old as he feels. Tonight I feel about ninety; I can't look much older than that—teeth or no teeth.

The impression gooey came, too—all shaped up like a doughnut without a hole. "If you gag a little, don't worry about it."

I'm not worrying. And I'm not gagging either because I didn't "bite down hard and hold for a few minutes." And I didn't "insert finger between lips and press impression compound around gums."

Besides, this gooey tastes terrible; I know; I licked it.

The Scientific Tooth Selector is classy, though. But I don't happen to look like any of these people so I couldn't "give number of face" even if I wanted to.

And if I did, how could I give the number of face you say I'll have when I quit looking so many years beyond my true age? Or could you make me look like Clark Gable? This is getting confusing.

Seven-fifty isn't much for such nice "amazing startling bargain" teeth—but when I don't need teeth, what good does that do me? Can't you save me money on groceries, maybe? Or typewriter ribbons?

You say that without teeth I am "like a ship without a rudder, drifting aimlessly in the storm." True enough, I guess; I'm like that, *with* teeth. Edentulous, I suppose I'll go to pieces like the Hesperus, just be flotsam and jetsam. You begin to worry me.

"Chew steaks, laugh and sneeze," you coax. But what fun is there in that? Or is there? Maybe I'm just an old-fashioned boy.

And this thing about even improving my disposition with your "unusual remarkable natural-like" teeth. There, buddy, *is* a contract. You better ask around before tackling that part of this job of doing me over.

You can make me look better. (Right now a haircut would do that.) But even a whole bucket of your "perfection masterpiece featherweight" teeth wouldn't make me behave better. Remember, it's old lower-than-average Mass you're writing to.

I do like your circular though. The one where you have your own chief of staff write you a letter about

how scientific it is to fit dental plates by mail. That almost settles it. I'm almost beginning to wish for one of those "beautiful super-fitting exquisite" plates of yours.

But this Mrs. Colly's letter is punko, if you want to know what I think of it. Even if the neighbors did go wild over her teeth and send rush calls for gobs of that gooey. The woman can't spell.

* * *

And life goes on. And you go on, too, mister; I don't want any teeth.

* * *

But you're making it awfully hard for the other boys.

You make them look pretty silly and no-account—standing at chairs, taking impressions, sizing up faces, matching up teeth, fiddling with articulators, checking up bites, balancing occlusion—when they could just as well sit around and let the patient do it—at home.

* * *

Postoffice prosthetics—that's the stuff! Hitch your wagon to a star? Hell no! Hook onto a mail truck.

ORAL HYGIENE

Registered in U.S. Patent Office
Registered Trade Mark, Great Britain

A Journal for Dentists

"I'll move his uppers back, widen his jaw, and make his molars articulate. It'll take about three years."

—The New Yorker

Twenty-third Year **JANUARY, 1933** **Vol. 23, No. 1**

Dental Education Began at BAINBRIDGE

●

The Story of Dr. John Harris

Preceptor to Profession's Leaders

●

By EDWARD C. MILLS, D. D. S.

As told to James M. Chalfant

SHOULD you chance to go there you would find Bainbridge a quiet, unassuming village of about 750 population, nestled in the hills of southern Ohio. But though the place is small its name looms large in the history of dentistry, for it was from this isolated little country town that there came two men long recognized as powerful influences in dental education and the development of the science of dentistry — Chapin A. Harris and James Taylor.

On the town hall at Bainbridge you will find a tablet (unveiled November 30, 1925) erected to them. The inscription reads as follows:

BAINBRIDGE, OHIO
THE CRADLE OF DENTAL EDUCATION

CHAPIN A. HARRIS, M.D., D.D.S.
Pompey, N. Y., May 6, 1806
Baltimore, Md., Sept. 29, 1860

JAMES TAYLOR, M.D., D.D.S.
Near Bainbridge, O., 1809
Cincinnati, O., June 12, 1881

HERE, IN 1826, UNDER THE PRECEPTORSHIP OF HIS BROTHER DR. JOHN HARRIS, CHAPIN A. HARRIS WITH JAMES TAYLOR RECEIVED INSTRUCTION IN MEDICINE AND DENTISTRY. THEY CONCEIVED THE POSSIBILITIES OF DENTISTRY IN THE ALLEVIATION OF HUMAN SUFFERING AND THEIR IDEAS GAVE DENTISTRY A NEW BIRTH INTO A SCIENTIFIC AND PROFESSIONAL CALLING, FROM WHICH POSITION IT HAS EMERGED INTO

Office and residence of Dr. John Harris. Here he practiced and conducted his school.

ONE OF THE MOST IMPORTANT AND BENEFICIAL DIVISIONS OF HEALTH SERVICE.

CHAPIN A. HARRIS

FOUNDED THE BALTIMORE COLLEGE OF DENTAL SURGERY 1840: EDITOR OF THE AMERICAN JOURNAL OF DENTAL SCIENCE, ESTABLISHED 1839; THE FIRST DENTAL COLLEGE AND FIRST DENTAL JOURNAL IN THE WORLD.

JAMES TAYLOR

FOUNDED THE OHIO COLLEGE OF DENTAL SURGERY IN CINCINNATI, 1845: EDITOR OF THE DENTAL REGISTER OF THE WEST, ESTABLISHED 1847; THE SECOND DENTAL COLLEGE AND SECOND DENTAL JOURNAL ESTABLISHED.

AS A TRIBUTE TO THEM FOR THEIR CONTRIBUTIONS TO DENTAL SCIENCE, DENTAL EDUCATION AND DENTAL LITERATURE, THEREBY BENEFITING THE HUMAN RACE, THIS MEMORIAL WAS UNVEILED BY THE

OHIO STATE DENTAL SOCIETY
NOVEMBER 30, 1925

Donors

EDWARD C. MILLS, D.D.S.
and
CHARLES W. MILLS, D.D.S.

The facts set forth on this tablet are sufficient to justify the claim for Bainbridge that it is indeed the "cradle of dental education." And this claim is

all the more firmly established since recent research has shown that Chapin A. Harris and James Taylor were not merely casual apprentices of Dr. John Harris but the outstanding products of a *school and an educational plan* set up by Doctor Harris in Bainbridge in 1826. As the preceptor of these foremost pioneers in dental education and a number of others, concerning some of whom the record is blurred, Dr. John Harris fully deserves the title which has already been accorded him in dental literature — The Father of American Dental Education.

After three years' intermittent research into the records of the period concerned, I am positive that Doctor Harris' main interest in life was not so much in his own actual practice as in educating young men for the profession, and that his modest little establishment in Bainbridge constituted the first school of dentistry. My chief sources of information have been the newspapers of the day. Searching for any item, any professional announcement which might throw light on the situation, I have gone through the old files of Chillicothe, Cincinnati, and Columbus newspapers, page by page. For example, in this manner I searched through the *Ohio State Journal* at Columbus over the period of 1822 to 1843.

Born in 1798 at Pompey, New York, John Harris was educated in medicine and began practice about 1819, going to Mississippi a year or two later, where for a time he enjoyed a successful practice as physician and surgeon. Largely because of impaired health he soon returned north, settling at Madison, Ohio, where his brother, James Harris, had also located. In 1823 another brother, Chapin A. Harris, came on from New York state to Madison and entered John Harris' medical office as a student.

Within a couple of years after starting in the practice of medicine in 1819, Dr. John Harris became interested in dental surgery. A student by nature and inclination, he read the best dental works of the day, and from an itinerant dentist he absorbed as much as he could of dental technique. He was forced to be principally his own instructor, relying chiefly upon deductions from his medical and surgical knowledge and upon his own observations to supply him a theory with which to guide his practice.

This interest in the new curative art gradually engrossed his attention at the expense of his medical practice. In fact, a few years later, in 1827, John Harris was to give up the practice of medicine altogether, in favor of dentistry. However, he was not satisfied merely with perfecting himself for the practice of dentistry: there seems to have been very definitely in his mind the wider ambition of educating others in the profession in which he saw great promise and great need for competent

practitioners with some medical training as a basis.

Ohio, be it remembered, was then a pioneer state, in a sense. Admitted to the Union in 1803, the state did not restrict the practice of medicine within its borders in any way until 1811, when the first state medical society was established. In 1824 there was enacted a new law creating within the state twenty medical districts. Among the various provisions of this law it was made obligatory that, in order to qualify for admission to the practice of medicine, a candidate must have received instruction under a preceptor. From 1819 to 1833 there was only one medical college in the state, the Medical College of Ohio, located in Cincinnati, eventually merged with the Miami Medical College to form the Medical Department of the University of Cincinnati.

There was no legal restraint whatever upon the practice of dentistry, a condition which was destined to last for many years to come, so inconsiderable was the standing of dentistry as a health measure. Dr. John Harris early recognized the importance of a medico-dental education for the prospective dentist, realizing that the dentist was frequently called upon to treat conditions involving the patient's general health. But where and how were dentists to be trained? There was little hope that the few medical colleges could do much to meet the need, as they were already fairly swamped in their efforts to handle the whole medical curriculum in a two-year course. It seemed impracticable to have dental departments attached to these already overtaxed medical colleges.

It was in the act of 1824, in my opinion, that Dr. John Harris discovered his opportunity. The law specifically required that henceforth candidates for admission to medical practice must have been under the care and observation of a qualified preceptor. Very well—he would be preceptor not for a single aspirant to the medical profession but to as many as his facilities and opportunities would allow. And, instructing them in medicine, the field in which his own training and early practice lay, he would strive, first, to imbue some of them with his own enthusiasm for dentistry and then, to the utmost of his ability, prepare them for successful and useful careers as dental practitioners.

To the quiet little village of Bainbridge in 1825, then, came the studious and earnest Dr. John Harris. He had left his practice in Madison, only ten miles away from the southern Ohio metropolis of Cincinnati. According to the *Ohio Gazetteer* of 1837, Bainbridge consisted in 1829 of 25 dwellings, 3 stores, a forge, and a few mills. In 1830 it had a population of 279. A fair estimate of the village's population in 1825 would be about 250. Cincinnati was not the only relatively large place to which John Harris might have gone upon leaving

Madison. There were a number of sizeable towns at no great distance. Near-by Chillicothe, with a population of 2,600 in 1829, would certainly have afforded him a much better practice than could possibly be expected in the tiny village of Bainbridge, as would also Columbus, then slightly smaller than Chillicothe, or Lancaster, listed as having a population of 1,500.

However, the lucrative practice which John Harris' ability and standing as physician and dental surgeon might easily have attracted in any of these larger places was not the end for which he was striving. While he was competent as a practitioner, at heart he was the scientist and the teacher, and the thing that he most desired was to advance the cause of dental education. This is the only logical theory by which we can account for his choosing Bainbridge. The quiet of the village seemed much more suitable to his purpose than the hustle and bustle of the towns.

Within a short time after coming to Bainbridge, where he practiced both medicine and dental surgery, Doctor Harris accepted his first student, James Taylor, a lad of sixteen living in the vicinity. Since Doctor Harris devoted more than half of his time to the practice of dentistry and was, therefore, dealing with dental matters more than with medical, young Taylor rather naturally also became the more interested in dentistry. At Greenfield, fifteen miles north of Bainbridge, John Harris' brother, Dr. Chapin A. Harris, was practicing medicine. He also became interested in dentistry and entered his brother's office as a student with James Taylor.

Together the three studied the works of Koecker, Bell, Fitch, and Hunter, the best dental treatises available, and labored earnestly to master dentistry. Doctor Harris was too ambitious in his new undertaking, however, to be satisfied with being the preceptor to one or two students. He wanted a number sufficient to justify his efforts. In order to attract students to his school he determined to make his plans known through the public press. Therefore, he published in the Chillicothe *Supporter & Gazette* the following announcement which appeared first in the issue of November 1, 1827, and last in the issue of December 6, of the same year:

MEDICAL INSTRUCTION

Dr. J. Harris, of the village of Bainbridge, Ross county, is making a variety of preparations and arrangements for the instruction of a private class of Medical Students, preparatory to their entering a Medical College, for the consummation of their profession: Among which are Anatomical preparations and Chemical Apparatus, sufficiently extensive for the exhibition of many important experiments. He will deliver Lectures, during the winter season, at least once a week on each of the following branches, viz: Demonstrative Anatomy, Operative Surgery and Chemistry; and during the Summer season, he will devote as much of his time in lecturing on Osteology, Physiology, Materia Medica, Theory and Practice

of Medicine and Obstetricks, as his professional avocations may permit; and every possible facility will be afforded to those who may see cause to patronize his efforts. No Student will be received who has not at least a first rate English education. —Terms of Tuition will be reasonable, depending on circumstances.

This, to the best of my knowledge, is not only the first announcement in the public press or elsewhere of a series of professional lectures, but the only one by a physician-dentist who, while giving over half his time to the practice of dentistry, proposed to lecture on the entire medical curriculum. Since they are of such importance in establishing the main point of this article, I trust it is permissible to quote still another of these interesting and significant announcements found in the daily newspapers of the time. Two and a half months after the appearance of the announcement just quoted, Doctor Harris published a second notice in the same paper. First appearing in the issue of February 21, 1828, and discontinued after December 3, 1828, this announcement clearly places the emphasis upon the dental activities of his school:

DENTAL SURGERY
DR. JOHN HARRIS.

RESPECTFULLY informs the citizens of Bainbridge and contiguous towns, that he has just received a large supply of

SURGICAL INSTRUMENTS

Among which are a full set for the practice of Dental Surgery. From his knowledge of the Medical Profession, Surgery and Dental Surgery in particular, he flatters himself that he shall be able to render general satisfaction to all, who may have occasion to employ him. He will set Artificial Teeth with much permanency and so natural in appearance, as to escape detection; and without that pain so consequent upon the operation, as performed by most Dentists—cure all cases of Scurvy of the Teeth—preserve those that are decaying, by plugging—extract all kinds of Teeth and Stumps, with ease; and perform every other operation of a Dental character.

John Harris had been practicing dentistry since 1820, judging by his own statement in the *Ohio State Journal* announcement of October 14, 1830, and it seems to me that by that time he certainly would have acquired a sufficient stock of instruments for his own private practice. The announcement of his receiving "a large supply of Surgical Instruments, among which are a full set for practicing Dental Surgery," indicates that he had secured an additional outfit for his students' use; and the remainder of the announcement may have been intended to attract patients to the dental clinic he was establishing to furnish the opportunity of technical instruction to his students.

A study of early Cincinnati papers during the period when he was located in Madison reveals, in addition to those of Dr. John Harris, a considerable variety of announcements published by itinerant dentists. These notices are especially interesting because they show with what type of dentist Doctor Harris had opportunities of coming into contact. It is evi-

dent that, isolated as he was from the eminent practitioners of the East, John Harris was able to study the best methods of technical procedure of his time through these itinerants—the various procedures of outstanding French, English, and New England dentists under whom they had studied. Thorough student that he was, John Harris observed them all, appraising the technique of each, and finally adopting for his own practice the procedure which promised the best results.

What kind of teacher was he? James Taylor, writing about his distinguished fellow-student, Chapin A. Harris, pays his respects to their preceptor, Dr. John Harris, in the following words: "He had acquired a considerable reputation as a general surgeon and was a skillful operator. He was much devoted to the study of anatomy and chemistry, fond of experimenting; had a quick and active mind, was polished in his manner, delighted in imparting instruction to his pupils, devoted much time to their interests and prided much in their advancement in medical knowledge."

Commenting on Dr. John Harris, in 1849 Doctor Taylor says: "From a long and intimate acquaintance (since 1825) with the medical profession we must say we know of none better calculated to advance a student in his studies. It appeared to be with him not only a duty but a pleasure at the close of every day to review the studies thereof; to explain and enforce each lesson, which his natural endowment and previous hard study had so well qualified him to do."

But the little school in Bainbridge was not destined to last for long. About 1828 John Harris moved to Chillicothe and so broke up the little group. Chapin Harris was temporarily located at a number of towns, eventually locating at Baltimore, Md. James Taylor went to Hillsboro where he practiced dentistry and at the same time placed himself under a Doctor Kirby for the further study of medicine, later locating in Cincinnati for the practice of dentistry.

Though it is impossible to produce any satisfactory record of the number of students enrolled in John Harris' school and what proportion of them turned to dentistry, it is known that besides his brother Chapin and James Taylor there were others who received their dental education under him.

The remainder of John Harris' career, after he left Bainbridge, can be summed up rather swiftly. Leaving Chillicothe about 1834, he went to Kentucky, where during the winter of 1835-36, by request of the medical faculty of Transylvania University, at Louisville, he delivered a course of dental lectures. In 1836 Doctor Harris made an unsuccessful effort to obtain the charter for a dental college in Kentucky—a thing worth noting, since it was the first attempt to establish such

an institution anywhere. He was a pioneer, always.

In his latter years Doctor Harris was an itinerant practitioner, and it was while he was on one of these trips in the South that his active career came to a close. He died at Hertford, North Carolina, July 26, 1849.

No suitable memorial has been erected yet by the dental profession at the approximate spot where John Harris is buried. But there still stands on Main street in the village of Bainbridge the modest little brick structure which was once his residence and office, and in which he taught dentistry to such good effect that through his students he did more for the educational advancement of dentistry in his short life than had ever been accomplished before. Their accomplishments, made possible by his encouragement and guidance, must continue to be the finest memorial to Dr. John Harris, Father of American Dental Education.

255 East Broad St.
Columbus, Ohio

NEW BUILDING FOR INDIANA UNIVERSITY SCHOOL OF DENTISTRY

By action of the Board of Trustees of Indiana University, construction of a new building to house the Dental School has been begun, and the school will occupy its new quarters by August, 1933.

The building will be 220 feet in length, 65 feet in width, three stories and constructed of Indiana limestone. The main clinic, which will be on the third floor is to be equipped with 80 chairs and units. In addition there will be separate units for Prosthetics, Crown and Bridgework and Surgery. Provision is also made for abundant space for dental research.

The new building is located in the Indiana University Health Center on West Michigan Street in the City of Indianapolis. This Center consists of the Dental School, Medical School, Long General Hospital, Coleman Maternity Hospital, James Whitcomb Riley Hospital for Crippled Children, School for Nurses, Rotary Convalescent Home for Children, and all of the Social Services.

The new building has been designed after long and careful study of the modern dental school buildings of the United States and Canada, and is believed to represent the best in arrangement and facilities for dental education.

Because of the close co-operation which will be possible with the great Riley Children's Hospital, a specially arranged and designed Children's Clinic will be made a feature.

TWO SALES PSYCHOLOGIES*

By GEORGE WOOD CLAPP, D.D.S.

THE sequence which was planned for these articles is interrupted at this point to make it possible to present the results of what happened at a dental meeting recently. It may prove more immediately helpful to some dentists than the article that was planned.

Some months ago an important dental society requested a paper on dental economics. After some correspondence with the program committee the title, "Some Things We Might Do to Improve Present Conditions," was accepted and a paper carefully prepared. It was delivered before a large and attentive audience.

Within five minutes of the opening of the discussion it was apparent that the paper had been, so far as the desires of the audience were concerned, a total failure. What was wanted was some formula that would enable dentists to earn money on the morrow in the same old way and by the same old methods which are, at present, a very serious failure. More especially they wanted some plan that would guarantee the dentist an income of $5,000 per year (they said "salary"), regardless of the financial condition of the rest of the world. They were prepared to clasp state dentistry or institutional dentistry or anything else to their bosoms if it would guarantee this. Here were men who, a little over three years ago, thought nothing of seeing their paper profits on stocks increase by $1,000 in two weeks, now broke, discouraged, and looking to the state for jobs.

The most important part of the meeting, to me, was the difference in sales psychology of two dentists who discussed the paper. This story rests on that discussion and on some things that were learned afterward.

The first of the two was a very forceful speaker, though, to my mind, not very convincing. He felt that all is lost, that the country is going to the demnition bowwows, and that our patients and we are going with it. The other speaker took a very different view. He readily ad-

*This is the fifth of a series of articles dealing with salesmanship in dentistry. The sixth will appear next month.

Here are the net results of two unlike sales psychologies as they are working out in the practices of two dentists. In one office, fear closes the door on the sales of service that might be made. In the other office, thrift opens the door to a multitude of little sales given and taken in a way that laughs at fear.

Do you suppose these psychologies could be found in offices other than these two? Would the results be similar?

mitted that conditions are difficult for all of us. It has been difficult for people in this country before, but good times have always returned.

Quite by accident I came into contact with the dental salesman who sells the first of the two discussers supplies when he has occasion to buy any, and the salesman related an incident which occurred in that dentist's office. A little later I met the salesman who supplies the second speaker. He also told me a story. These two stories are so much better than anything I could write, and it is so within the bounds of possibility that they may be just what some dentist needs that, with only an approximation to the dialogue in the first of the two stories, it is worth while to relate them.

The salesman called on the forceful speaker not long ago and was asked to wait. Because the office is small, he could not help hearing a conversation between the dentist and a man in the chair.

There had apparently been an examination of the mouth, and the dentist was concluding his report by saying: "You don't need much except a bridge on the upper right side to replace those molars that are missing. You need that badly. I will make it for $135. Two years ago my price would have been $250, but now nobody is having any work done on his mouth and I can't get enough money to pay the rent, so I'll do it for about half what the fee ought to be and I'll do a good piece of work, too."

"Are conditions as bad as that?" inquired the visitor.

"I should say they are. This is going to be about the worst winter in history. I guess those who get through it will be all right, but there are going to be

a lot of us who may not get through."

"Very well," said the visitor, "I'll think over what you have said." And with that he went out.

"There you are," said the dentist to the salesman. "They come in and I give them a low price, and they go out. This country is going to hell, and if something doesn't happen pretty soon, I'll get there before it does."

During the interview between visitor and dentist some strange thoughts had been going through the dental salesman's head. Said he to himself: "Here is a dentist who has bought a good many dollars' worth of supplies from me in the past and may at some time in the future if I do not offend him. But he is going to ruin himself if he keeps up this sort of thing, and I'm going to risk offending him for the sake of doing him some good."

He began by saying, "As you know, I'm not a dentist and I couldn't sell dental service [if he couldn't have sold it better than that he couldn't have held any job in the commercial world], and I don't want to offend you; but I'd like to tell you how I felt while you were talking to that man. He was well dressed, he looked substantial, he didn't talk or act like a 'shopper.' He probably came because he thought he might need service, and I imagine he had the money to pay for it.

"You didn't give him any reason for having that service, but you gave him a lot of reason not to have it. You didn't say anything about looks or health or the preservation of the dental arch or the power to grind his food. [Imagine a salesman having to talk to a dentist like that, but this is a true story.]

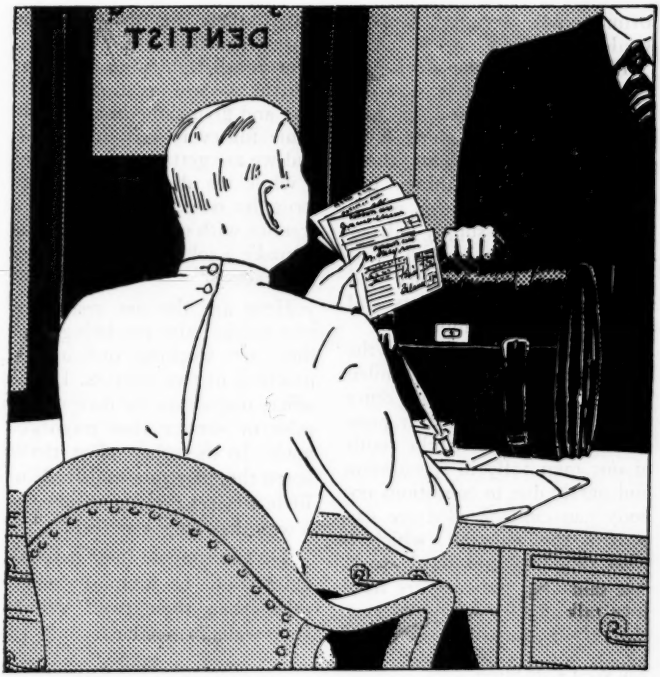
"I don't know whether you made him afraid and sent him out to preach fear to others, but you did your best, and that was a wrong to him and to you and your profession.

"The only reason you gave him for buying that bridge was that you are short of work and need the money and will do it cheap. But if no one else will risk any money on dental work now, why should he? If you're right, a few teeth more or less aren't going to make any difference. It's money that's going to count. If that fellow has any, he'd better keep it."

When the dentist recovered from his astonishment, he had to blow off a lot of steam, forcefully again, before his blood pressure got back to normal.

"Look here," said he, "it has been three months since I bought enough goods from you to pay your carfare up here. I can't buy any now, partly because I don't need them, and I couldn't pay for them if I did buy. I haven't paid my office rent in five months, and how my wife feeds us is a miracle to me. What do you say to that?"

"I say," replied the salesman, "that if you keep up the kind of talk you made to that man, she'd better come up here and run the



He called all his patients into his office and explained a careful plan of reduction of fees and of monthly payments for those who deserved credit.

office and see if she can't get something to feed you with."

The other dentist was very quiet in his discussion, but smiling and apparently quite at peace with the world. The salesman told me that he had been quite hard hit by the depression in its early stages.

He found out that many of his patients who could formerly pay his fees easily could no longer do so. He worked out a careful plan of reduction in fees and of monthly payments for those who deserved credit. Then he got them in, told them what reductions he proposed to make, explained that they would have to pay the out-of-pocket expenses for any serious work he undertook for them, but that if they would let him, he would try to take care of their mouths in such a way that the bills would be small and that no de-

formity nor serious damage would occur.

They accepted the service in the spirit in which it was offered. The suspension of full payments made the going difficult for him for about three months, but then things got under way again. He is working hard, has a supply bill of about $150 per month, has spent $2,800 on his office and is meeting his installments and his supply bills promptly.

When asked how he met the talk about depression, he smiled and said: "Nobody in our office ever talks depression. Our present condition is partly the result of our own folly in speculation and partly due to conditions nobody can control. But we can control the way out, which is wise economy and hard work. Many of my patients are hard hit. The smaller I have to keep their bills, the more closely I watch their mouths and the more frequently I have them in. We are all tightening our belts a little, we are insisting on getting and giving the best possible value for every cent we spend, and we are getting by, and after a while we shall laugh at our struggles now. It has become a practice with us and our patients to make a joke of the economies we practice."

Here are the net results of two unlike sales psychologies as they are working out in the practices of two dentists. In one office, fear closes the door on the sales of service that might be made. In the other office, thrift opens the door to a multitude of little services given and taken in a way that laughs at fear.

Do you suppose these psychologies could be found in offices other than these two? Would the results be similar?

220 West 42nd Street
New York, N. Y.

ORTHODONTIA WELCOMES A NEW PUBLICATION

The "Review of Orthodontia" makes its initial appearance on January first, 1933, under the impressive editorship of Doctor Martin Dewey with Doctor J. A. Salzmann as managing editor.

Editorials, selected articles, a forum of orthodontic practice, book reviews, and digests of current dental literature will be among the regular features.

The business address is given as 17 Park Avenue, New York City.

To this new venture in the field of dental periodicals ORAL HYGIENE extends every wish for success.

Oral Health in the U. S. Navy*

By Lieutenant-Commander Walter Rehrauer, D.D.S.
Dental Corps, United States Navy

WHEN a young man applies for enlistment in the Navy or Marine Corps, he really matriculates in an institution of learning for education and training for a useful career.

From the moment he signs his enlistment contract, the United States Government, through the Navy Department, assumes a paternal, personal interest in him. It is interested in his health, his education, and his spiritual welfare. It is concerned in training him for useful work in the naval service, and in fitting him for a successful career when he returns to civilian life. If he has enlisted in the Navy on the Eastern Coast, he is usually sent either to Newport, Rhode Island, or Hampton Roads, Virginia. Candidates for the Marine Corps are sent to Parris Island, South Carolina, for training.

The arrival of the recruit at any training station is analogous to entering a high school or college for education and training. There is, however, one difference and that is that the physical condition of the candidate is of paramount importance in the Navy. The medical officers of the United States Navy believe that given average intelligence, men who are physically sound respond more quickly and ambitiously to instruction than those handicapped by physical disabilities, or even minor ailments.

There are in the naval service over seven hundred physicians and surgeons, and one hundred and eighty-six dental surgeons. They are commissioned officers who dedicate their lives to conserving and guarding the health of the men and officers of the Navy and the Marine Corps. These professional men are chosen by competitive examination from among the best civilian practitioners the Navy can procure and are appointed in

*One of the series of radio talks on "How Is Your Mouth?" given under the auspices of The Committee on Mouth Hygiene and Public Education of The American Society of Stomatologists.

Dental officers attached to the dental department, U. S. Naval Medical School, Washington, D. C.

their respective corps as vacancies occur.

Immediately after a recruit arrives at a training station he is carefully examined by a medical officer. At the same time, a dental officer, who has had much experience in such work, thoroughly examines his mouth and teeth. The dental officer prepares a chart and record of the condition of the mouth and teeth, and places it in the general health record. This record follows every person in the naval service during his entire career in the Navy and notations are added from time to time as he receives dental treatment, or when his mouth conditions show signs of change.

These records are valuable for many reasons. They have to do with the privileges and responsibilities of the person for whom they are made; they provide data for future consideration when the need arises in connection with medical and dental treatment; and they also provide means of identification, if such should be necessary.

When sufficient recruits have arrived at the training station, they are organized into companies of suitable numbers. These companies may be compared to organized classes in high school or college. As such, they commence an intensive course of education and training.

Immediately after a company has been organized and com-

mences to function as a unit, the company is assembled in the same manner as a class in school or college and the men are given instruction in oral hygiene by a dental officer. They are told what will be done for them by the dental officer, and are also told what their rights and privileges are in the nature of dental treatment. They are told in simple language why good teeth and clean mouths contribute to good health; and why the man with good health has more energy and ambition to learn and absorb that which is taught him. They are reminded that the man who learns the most and progresses the fastest is the first to be promoted and to earn more money. They are told how to apply for dental treatment and why they should do so whenever they have the slightest idea that they need it. They are taught how to clean their teeth properly and how to care for the mouth, when to do so, and what to use. They are instructed to consult their dental officers for any advice they may desire, no matter how trivial it may seem.

In short, they are thoroughly indoctrinated by means of these lectures in the theory that good, sound teeth and a healthy mouth are two of the most important factors for good health, and that with good health men can more surely and easily achieve success.

Immediately after having received these instructions in oral hygiene, each man receives an appointment to visit the dental offices where he is in training irrespective of whether he makes a request for it or not. The dental officers arrange their affairs in a systematic manner so that every man in the company receives the same opportunity. He is expected to keep this appointment promptly and is excused from other duties for that purpose. Should he fail to appear, the reason for his failure is promptly investigated.

At every Navy or Marine Corps training station, there is a staff of experienced and capable dental officers sufficiently large to meet the needs of that particular station. To a group of these, the man in training comes at the time of his appointment.

At the first sitting, his teeth are carefully cleaned and polished. His mouth and all his teeth are again carefully examined and compared with the chart and record made originally. He is advised of the state of health of his mouth and teeth, and is given any further instruction in oral hygiene that is considered necessary in his particular case. He is encouraged to take care of his teeth. If dental disease is present, he is given further appointments for its eradication. Chronically diseased teeth are removed; decayed teeth with cavities are carefully filled; diseases of the gums are treated; and x-ray pictures are made, when necessary. The best methods for the making of restorations are used. The finest materials that can be bought are used for their restorations. The newest techniques

for so-called painless dentistry are practiced. No expense is spared and every effort is made to place the mouth and teeth of every recruit in training in the very best possible state of health. The most recent recruit receives as careful attention as the admiral with many years in the service.

All this is done during the early period of the training of recruits, at no expense to them whatever. It is one of the many paternal interests the Navy has in its personnel.

There are several reasons for giving such careful attention to the mouth and teeth of the men and officers of the Navy. One reason is that it is desired to contribute as much as possible to the health of the personnel so that they may have a maximum of energy and ambition to absorb all they possibly can during their instruction and training period. Another reason is the desire to have the mouth and teeth in the best possible state of health before the men are sent to sea or other stations for duty. It is an effort made to eliminate any handicap to them in their chances for advancement or further education and training that may be caused by dental disease. With an optimum of oral health, they can contribute their part to the efficiency of their ship or station.

After the period of training, the recruit is transferred to a ship or other station for duty. This act is similar to graduation from a preparatory school in civilian life. The man is now expected to apply some of the knowledge acquired at the training station in useful work for the Navy. But his training never ends. As long as he is in the naval service, he is expected and encouraged to learn all he can. Every advantage is offered him by the Navy Department. Schools and classes are continued at all ships and stations. Officers are assigned as instructors. Correspondence courses are provided in almost every useful subject. Every effort is made to aid men and officers of the Navy to improve their education, prepare for promotion, and the increase in pay that goes with it. Those who are ambitious are soon rewarded by promotion; those who are not capable are encouraged and aided.

At all times, the naval dental surgeons are available for service. Wherever there are men of the Navy or Marine Corps there are also dental officers: they are stationed aboard ships of the fleets; they go with the marines on expeditions to foreign lands; they are at our shore stations at home, and in the naval hospitals. Wherever they are, they are always ready to conserve teeth and promote oral health. Dental treatment is always available to the sailor or marine where he may be, at no expense to himself.

Dental officers of the Navy are interested primarily in saving healthy teeth and for that reason give their especial attention to check tooth decay no matter how small the cavities may be. They know that by

preventing and checking early decay, teeth may be preserved for a long useful life, and replacement may never be necessary.

Having received instruction in oral hygiene and dental treatment, the men and officers of the Navy and Marine Corps generally appreciate what has been done for them and lose no time in consulting a dental officer at the slightest manifestation of dental trouble. Neither does the dental officer lose interest in the personnel for whose dental health he is responsible. At intervals, as time permits, he reexamines the men and officers of the command to which he is attached for the correction and repair of any condition that needs it.

Because of the fact that the personnel of the Navy and Marine Corps have had instruction in oral hygiene and have received the advantage of careful dental treatment it is expected that they practice oral hygiene daily. It is not considered to be good conduct to neglect to care for their teeth and mouths. From what has been said it will be seen that prevention of dental disease is the policy of the Dental Corps of the Navy. By preventing dental disease, it is believed that physical deterioration can to a great extent be avoided. Health statistics of the Medical Department of the Navy prove this theory to be well founded. However, argument is not necessary. You can observe it yourself. When next you see a marine or sailor, look him over carefully. You will note a clean, bright-eyed, upright, manly, robust individual, bubbling over with energy, health, and strength. And to this beautiful picture of American manhood, preventive dentistry contributed no small portion.

DON'T!

In the October, 1932, issue of the *Journal of the American Medical Association* there appears an extended report of a case (Roberts *vs.* Parker) in which an employee of one E. R. Parker (doing business under the name of "Painless" Parker) injected a local anesthetic into the badly inflamed tissue around an aching tooth, and extracted the tooth forthwith.

Osteomyelitis of a serious nature ensued. The patient brought suit for damages, and was given a verdict. An appeal was taken by Parker, but to no avail. The judgment of the trial court which awarded the damages was sustained.

This is a most encouraging sign, and the lesson to be learned is easy of comprehension!

When tempted to inject an anesthetic into swollen and infected tissue, don't!

PEAKS and POKES

By FRANK A. DUNN, D. D. S.

Alas, it's true
I must announce
It isn't Who—
It's Who-ey counts.

Some men are instinctively criminal. Ted Christian seriously asked me which was correct, "He gave me the larger half, or he gave me the largest half?"

A child should have known that, but hiding my surprise I told him the *larger,* and then I explained in detail when to use larger and largest. Two hours later it struck me that Ted had a sarcastic glint in his eye when he asked that question, and in a moment I saw that he had simply bounced one off my head. Two halfs are always equal.

[Hot dog! Here's where I bounce another off your head. Who ever heard of two *halfs? Halves,* you Indian.—*Mass.*]

Lines from a recent novel: "A man with noble blood might use the wrong knife, but he'd never mop up the gravy with his bread."

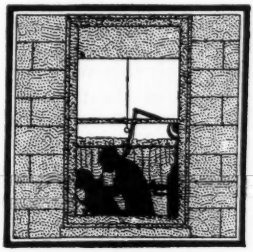
"That fellow couldn't be my brother. Why, he wears a made-up tie."

Life becomes harrowing. While dining with a woman companion, the waiter handed me this note: "I see you've started on your dessert before your guest has half finished her chicken. Also, you should eat that dessert with a fork not a spoon. Why don't you tuck your napkin under your chin?" —*Paul Aufderheide.*

"Plenty of fancy furniture," whispered the woman to her bridge partner, "but what a home! Not a book in it, not one single book! I'd just as soon live in a chicken coop." And she uttered a sound that might have been a small brother to the well-known, full-grown Berry LaRasp.

ORAL OUTLAWS: Are (should be *is*) either of you ready? Do you remember me (should be *my*) going? Do you recall him (should be *his*) telling you? He had not heard of us (should be *our*) planning the trip. When he first started (omit *first*). Saying *sure* for *surely* or *certainly.* One must watch his (should be *one's*) step. (If you begin with *one* do not change to his, he, etc.)

OFFICE SILHOUETTES



NOTE: These brief pen pictures will be exactly what their title states. Sometimes, actual names will be used; at other times, for obvious reasons, fictitious names will be used; or names will be omitted entirely. In no case, however, will any liberties be taken with *facts;* they will always be *exactly as stated.*

A Letter from the Bride

THE beginning was many years ago. The little girl's mother was a widow, almost without financial resources, hopes, or earning possibilities. The husband and father had committed suicide under rather unsavory circumstances, and there was still plenty of *sub rosa* talk about the details at the time of the little girl's first visit to the office.

In addition to all this, the whole clinical mouth picture was *bad*: plenty of approximal decay just starting in molars and bicuspids as well as the usual amount of fissure involvement. Also, the child was "high strung" and sensitive—but rarely beautiful, intelligent, and promising. What was to be done?

In spite of all possible care, adequate preparation of the many cavities present promised to be a terrible ordeal. The strong temptation was to evade responsibility, temporize, resort to only partial excavation, extension, and restoration, to lean weakly on gutta-percha, cement, amalgam—*anything* in order to avoid a series of painful sittings which bid fair to become equally dreaded by the little girl and the middle-aged dentist to whom she had appealed for help and relief.

In this case the "easiest way" was not taken. Instead, a tearful, but intelligent, little girl and a somewhat understanding dentist—who wanted very much really to help—went over the problem of saving those precious teeth; talking over what it would mean in later years to have them still sound and comfortable. So it was decided to

fix them and fix them *right* once and for all. A sort of partnership was formed and solemnly dedicated to a joint effort of "licking" Old General Disaster —ordering him to "get out and stay out" of the little girl's mouth.

After the partnership had been decided on, very gravely the dentist held out his hand, and, smiling through her tears, the little girl shook it almost tenderly; for somehow these two had come to understand each other.

Nothing had been said about money, or costs, or payments which seemed relatively unimportant in view of the partnership which had just been launched for the purpose of doing something which really *was* important.

One by one the points of attack which caries had made were cleaned up. Each cavity was extended to areas of immunity and gold inlays were carefully placed which in each instance restored the tooth to function in every way. At first it was terribly hard for the sensitive child to tolerate the inevitable pain (all this was before the blessing of modern block and infiltration anesthesia), but in spite of this fact she never "begged off." She fully understood what was being attempted, for her sake. She was a partner in the enterprise and, above all, she had faith.

In a few years came the promised triumph. The teeth were saved—Old General Disaster *had been completely routed*. No inlays failed, no new cavities appeared; there was nothing further to be done in that mouth.

And the money? The cost? The payments? No, nobody really forgot about these things at any time—only they were not the big things in the partnership. The money came along in rather a slow and limping fashion—usually with months between limps. In fact, for several years the size of the perpetual "total amount due" kept well in advance of the amounts paid but, after all, what of it? *The goal of saving the teeth was getting closer each year; that was the big thing.*

Presently the little girl was a grown woman and an announcement appeared in the paper that she had married and moved away. The senior partner of her girlhood tooth adventure smiled as he read that news and pictured to himself how much more beautiful and radiant and happy the junior partner would be because of what he had done in stepping in and whipping Old General Disaster in the days of her girlhood. Yes, he remembered that she still owed quite a balance for work done several years ago, but the fact seemed rather far away and relatively unimportant. After all, hadn't he been eating pretty regularly, keeping up his life insurance, buying a new car every so often, and paying at least most of his bills?

On a day which looked just like any ordinary day when it began, there was received a let-

ter which ran something like this:

"Dear Doctor:

"I am sorry that it has been necessary to keep you waiting so long for money which should have been paid long ago; but it just couldn't be helped. You will understand, I am sure. I'm sending all that we can possibly spare, as a sort of guarantee of good faith, with the assurance that the rest will be along just as soon as we can spare it; but particularly I want you to know how very grateful and appreciative both my husband and I are of the wonderful thing you did in helping me really to save my teeth when I was such a terribly trying little girl, for I can see now that I *must* have been just that."

Then followed some personal good wishes which shall never be repeated.

And the dentist? Now rather old, but with many pleasant songs still singing in his heart, he looked back across the years to the smiling tearful face of a beautiful and trusting child who had solemnly shaken hands with him over a joint promise to whip Old General Disaster—each to do his part. Very devoutly he gave thanks for the high privilege which had been his in steadfastly keeping his part of that delightful partnership.

Oh, yes, the whole thing had been mighty poor *business* right from the start, but what a *glorious adventure* it had been all the way, and what a wonderfully balanced "partnership"; for suddenly the senior member of the firm discovered that it was *his* turn to be smiling through tears—which made everything exactly "fifty-fifty."

—*Arthur G. Smith*

RECIPIENT OF MEDAL

Dr. G. R. Touchstone

Dr. G. R. Touchstone, of Hollywood, California, was recently awarded the Order of the Purple Heart by the War Department for services in France during the World War.

When the United States entered the great conflict, Doctor Touchstone enlisted in the Air Service. Later, when he had qualified as a pilot, he was attached to the Royal Flying Corps (English) with which organization he served until August 8, 1918, when he was shot down and taken prisoner by the Germans.

He is a graduate of the University of Pennsylvania.

NEW TECHNIQUE
for Administering
ETHYL CHLORIDE

By L. N. ELLSWORTH, D. D. S.

SINCE the Denver meeting (1931) of the American Dental Association, where I spoke briefly in the oral surgery department on ethyl chloride as a general anesthetic in extracting children's teeth, I have had communications from such a large number of dentists concerning my technique of administering ethyl chloride that it seems expedient to publish what I have been writing in personal letters to each inquirer.

I think I was the first to use ethyl chloride as a general anesthetic, having started in 1907, but I find now that there are a great many men interested in the gas. I often wonder how other men get along with children without it. It is convenient and efficient and I feel absolutely safe when the method of administration which I shall outline here is followed.

Among the many additional reasons for its use—we will disregard entirely any financial

"I am sure that if dentists would learn the art of administering ethyl chloride, many of their practice problems would be solved. Since 1917 I have administered it to over 14,000 patients, ranging in age from two to eighty-five years, with most gratifying results and without any ill effect whatsoever."

considerations, as economics has no place in a discussion of the character of this—it seems to me that the outstanding one is that ethyl chloride makes a host of loyal friends for the dentist employing it.

It is of great service when children comprise a portion of a general practice. The fact that there is no dangerous looking apparatus to frighten the patient makes ethyl chloride a boon to every dentist in handling the many nervous children who come under his care. If they are handled without fright or pain, they will come back and bring their parents as new patients. It is also a great time-saver, as it takes but a very few minutes to put a child to sleep, extract the offending member, and have the youngster saying thanks and good-bye.

I am not going into the physiological action of ethyl chloride: the indications and contraindications for its use, etc. This phase of the subject is taken up and treated very concisely and accurately by Dr. M. H. Jacobs, chief of the department of anesthesia at Forsyth Dental Infirmary, Boston, in an article in *Juvenile Dentistry*.* Doctor Jacobs' findings are based on the administration of ethyl chloride by inhalation to 123,210 children, ranging in age from three to fourteen years, over a period of fifteen years. I recommend this book to all my readers, for I will give here

*McBride, Walter C., *Juvenile Dentistry*. Philadelphia: Lea & Febiger.

only the *technique* of administration I have evolved.

I am sure that if dentists would learn the art of administering ethyl chloride, many of their practice problems would be solved. Since 1917 I have administered it to over 14,000 patients, ranging in age from two to eighty-five years, with most gratifying results and without any ill effect whatsoever. In fact, since that time I have used no other general anesthetic in my office to any great extent. I have given a number of clinics demonstrating its use and feel sure the gas would be more generally used if those who are familiar with the technique of administering it would give demonstrations. I say this because most of the dentists, as well as physicians, in my own city of Salt Lake City who are now using ethyl chloride have watched me administer it either in my office or at one of my clinics.

It is probable that when one first starts to use ethyl chloride as a general anesthetic he will encounter some opposition from the profession. For that reason, the user may feel a little nervous at first. It is, of course, necessary to take certain precautions; but if only simple extractions are undertaken at first and if the operator proceeds carefully and cautiously, it will not be long until he will wonder how he ever worked without it.

I suggest that a child of from six to twelve years old with but one or two deciduous teeth to remove be tried first.

I believe it always pays to tell the truth to a child. He appreciates frankness and honesty. Tell him that for a very few moments he will go to sleep by breathing some nice smelling anesthetic and when he wakes up you have made a friend of a child who will be loyal to you ever after. Never forget that boys and girls of today are the men and women of tomorrow.

Then, after the technique has been mastered, more difficult cases may be taken. The procedure is as follows:

See that the patient is properly prepared, having relieved the bladder of its contents, etc. Seat the patient in the chair, make the necessary heart test, and get enough of the patient's history to see whether the administration of an anesthetic is warranted. Adjust the head rest so that it will keep the head in a forward position and the patient sitting up perfectly straight. This may be a departure from the customary procedure, but I am convinced the upright position is the best for the following reasons: (1) the patient cannot swallow any blood or a filling; and (2) if the tooth is dropped onto the floor of the mouth it can be easily removed as it will fall forward instead of down the esophagus, or worse, down the trachea. Also, as an extra precaution have ready a gauze pack with a cord attached. Press this pack well back in the

mouth, thereby holding the tongue forward and preventing the patient's swallowing it.

So much for position and examination.

Now place a large strap over the patient's lap and buckle him in the chair. Explain that this is done merely to keep him from sliding onto the floor and to make it unnecessary for you to stop your work and lift him back into the chair. Select a suitable mouth prop with jaws that can be covered with rubber tubing, thus protecting the mouth from injury. Insert the prop, making sure that the tongue, teeth, and lips are not going to be injured. Open the mouth to the desired distance and start the anesthetic very slowly, putting just a drop or two on a napkin. Use a drop of oil of roses on the finger tips and let the first breath be oil of roses. Now insert the third and fourth fingers of the left hand in the patient's mouth, his head being in your left arm, and press the napkin into the mouth, thereby forcing him to breathe through his nose. Using the first and second fingers and the thumb, form a cup into which the anesthetic is sprayed. Direct the spray from the back forward into the cup thus formed, which may be opened or closed, as required, to give more anesthetic or air.

If this method of spraying the anesthetic from the back forward into the cup formed in the napkin is followed, the heat of the hand will help to volatilize the anesthetic and thereby avoid freezing on the napkin. If it does freeze, making it of no use as an anesthetic, stop spraying and wait until it thaws. If necessary, close up the cup and blow a few breaths of warm air on the outside of the napkin. The frost will immediately disappear and you may proceed to spray on more anesthetic. When the room is chilly, ethyl chloride volatilizes more slowly and it may be necessary to breathe more often upon the napkin. The failure of the anesthetic to volatilize is often responsible for the failure of the operator to anesthetize the patient. Therefore, always spray into the cup formed by the palm of the hand.

Another reason for spraying away from the face is that there is no danger then of getting any anesthetic into the eyes of the patient.

The first few breaths that the patient draws should be about 90 per cent air and 10 per cent anesthetic. As the breathing becomes regular, close the cup up around the nose, shutting out the air, and the patient will soon be gently snoring. This is the time to operate.

If, for any reason, the patient does not breathe regularly, make him do so, giving artificial respiratory movements by pressing on the chest. If he refuses to breathe, remove the anesthetic and, using a napkin, pull the tongue forward and repeat the respiratory movements. Invariably the patient will respond and the anesthetic may be continued. If the time for operating has to be prolonged beyond

a minute, more anesthetic may be given. I have extended the anesthesia to an hour without any ill effects.

I do not claim that ethyl chloride should be used in every case, but in the majority of cases it can be used with complete success. If a dentist will take the time to master the technique I have outlined, he will gradually discard all other anesthetics now used in extracting children's teeth.

I hope that this technique will help everyone who trys it as much as it has helped me, and I feel sure that after it has been mastered, the new users will be as enthusiastic about ethyl chloride in the dental office as I am. It never occurs to me now to use a local anesthetic on a child. This way is so much easier and the little patients come back the next time unafraid, for they have experienced no pain. Where the brain has registered no pain there is no fear. I simply have not the heart to use any other method than this one which has been so satisfactory all these years for me.

79 S. Main St.
Salt Lake City, Utah

BOOK REVIEW

DOCTOR'S INCOME AND EXPENSE RECORD

By George R. Hill, Published by Hill Publishing Company, Michigan City, Indiana, 1932

This is a book devoted to instructing the dentist in a method of accounting for the business details of his practice. It also provides him with a means of recording his daily transactions of a financial nature.

The first part of the book is devoted to a detailed analysis of professional expenses and to instructions in the recording of these expenses. The matter of deductible and non-deductible tax items are also discussed and a plan is suggested that will prevent the dentist from running afoul of the income tax laws.

The book seems to be of a practical and accurate nature and has the added advantage of simplicity. A careful study and use of this book should provide the dentist with a system of accounting that should suffice for his complete business records. The book does not contain provision for the charting and listing of operations and diagnosis.

DENTISTRY *in* TEN YEARS

By ANGELO CHIAVARO, M.D., D.D.S.

CONSIDERING *that*: (1) the greatest number of diseases of the human body enter the system by the mouth, as was said a long time ago in the Orient and as is now at last believed in the Occident;

(2) the teeth are the most important organs of the mouth (considering lips, tongue, glands, and bones as accessories and functional helpers);

(3) any civilized human being generally is afflicted with pathological conditions of teeth or gums, *we must conclude that* dentistry in ten years will be considered the most important of the professions, dealing with public health, since the teeth are the most important organs of the body and are taken care of by our science and art.

Considering that:

(1) dentistry, since its birth, has always given of its findings to clinical medicine and surgery;

(2) dentistry has appropriated nothing or very little from the findings of clinical medicine and surgery;

(3) the progress of clinical medicine and surgery is due, *as is also the progress of dentistry*, to biology, the science of life, *we must conclude that* dentistry, along with medicine and surgery with their specialties, pharmacy and veterinary, is the offspring of biology. Therefore, dentistry in ten years should no longer be considered a branch of medicine and surgery, but one of the branches of the healing science and art.

Considering that:

(1) dentistry is a branch of the *healing science and art;*

(2) the branches of the healing science and art (medicine, surgery, dentistry, veterinary, pharmacy) are fundamentally based upon knowledge of biology,

(3) for economy in time and money, the concentration of professional teaching in fewer institutions is necessary, thus reducing the number of teachers to the best ones and increasing the number of instructors and demonstrators, *we must conclude that* dentistry in ten years time will be taught in a six-year course. For the first four years (after high school) in biological faculties (*teaching*: *anatomy, physiology, pathology, pharmacology*), where the dental students (classmates with the students of medicine, surgery, veterinary, and pharmacy) shall

receive a degree in biological science. For the next two years in special dental colleges, while the other students will be admitted to special medico-chirurgical, veterinary, or pharmacy colleges. During the biological course the various groups of students will be instructed respectively in odonto-mechanics (*for students of dentistry*), or in other practical handcraft teaching (*for the students of medicine, surgery, etc.*) as craftsmanship must be learned in youth.

When, in ten years, dentistry shall have acquired its due importance, because it will then be classified and taught as it should be, then:

(1) *socially* the future dentist will have the same standing as any of the professional specialists of the healing science and art, having had in his studies the same fundamental biological training as his medico-chirurgical confreres;

(2) *professionally* the consultations at the bedside of the patient between dentists and medical and surgical specialists will be more frequent, cordial, and beneficial;

(3) *economically,* being justly and properly considered because of the higher and longer scientific and practical dental instruction, the practice of dentistry in ten years will be relatively more satisfactory for our harder working professional men.

In ten years:

(1) *preventive dentistry* based on prophylaxis and mouth hygiene, will be enforced by law, as it is now in Norway, for the conservation of sound teeth;

(2) *orthodontology* will be professionally the most diffused among the branches of dentistry, normal occlusion being fundamental for the conservation of teeth and surrounding tissues;

(3) *dental pathology* will be more deeply considered so that: (a) diseases of the dental pulp shall be divided into two groups: those belonging to teeth with roots completely formed and those belonging to teeth incompletely formed;* (b) diseases of the tissues around the roots of teeth, so-called pyorrhea, better called *pararizitis,*† shall not be so much diffused and perhaps unknown among civilized men, under the care of the future, more learned dentist. (c) dental caries will be the affliction of the few stubborn patients who refuse the advice of the 1943 dentist.

In ten years you, my dear reader, will ascertain the truth of our prognosis, dictated by the love and pride we have for our noble science and profession, steadily advancing, in these ten years, to its apotheosis.

Corso-Italia 20
Genoa, Italy

*ORAL HYGIENE, April 1931, p. 752.
†From *para* = around; *riza* = root; *itis* = inflammation.

Tempus FUGIT

Twenty years ago this month.

ANALGESIA

The use of analgesia in dentistry is quite common today but twenty years ago very little was known about it. It is interesting to read an extract from a paper on this subject which appeared in the January, 1913, issue of ORAL HYGIENE:

"Analgesia though known for many years, is only now coming into general use and much praise is due the dental profession for forwarding so practical a work. The field in minor surgery and obstetrical practice is but newly opened and there are yet but few physicians who are making use of it in this work. However, it is my belief that the merits of the state will place it in more general use in a very short time.

"Analgesia, as defined in our modern dictionaries, is a loss of the sensation of pain without a loss of the sense of touch. This is not quite a true definition of the state as used by surgeons and dentists in their operations today because there is no method of securing just that condition in all individuals. The pain sense is not wholly abolished; neither does the tactile sense remain undisturbed.

"The threshold of painful stimulus is ordinarily decidedly elevated in analgesia and consequently a greater stimulus is required to elicit painful sensation in this state than is required to elicit the same sensation without; i.e., when the threshold of stimulus is normal.

"The selection of the drug to be exhibited for the induction of analgesia for operative work has been narrowed down to nitrous oxide. This for many reasons: Its action is certain, rapid, and very evanescent; its by-effects are nil; properly used it is devoid of danger and it is more easily properly used, as far as concerns analgesia, than any other anesthetic agent."

The paper from which these paragraphs are quoted was written by Arthur E. Guedel, a physician of Indianapolis, Indiana

DIET
And Some of Its
DENTAL PHASES

By L. J. MORIARTY, D.D.S., *and* KATHERINE CARPENTER MORIARTY, B.A., B.S.

"It is just as sound practice to prescribe what people shall eat as to prescribe the medicines they should take. In many instances, food prescribing will do more good, especially if done in time to form the proper dietary habits before pathological conditions develop."

FOOD as a subject for study can be traced back to Priestly and his discovery of oxygen, on through the study of the relation between the intake of oxygen and output of carbon dioxide in body respiration; then through the work of Pettenkofer and Voigt who measured the heat given off and the work done by the body, and showed the relation of the food consumed to body energy; to the many other able investigators from whose work we have come to realize that the subject of nutrition is a science.

Traditions, fads, and fancies have grown up about foods. These range from vegetarianism on down to eating bread crusts to grow curly hair. In the light of scientific research, fads and fancies must give way to what foods do for the body and how it is done.

It is hoped that we may cause some study and thought on the subject and perhaps inculcate some ideas that may be safely put to practical use by the dentist in his work of caring for the human masticatory organs.

First, let us not get the idea that milk is milk regardless of the source or that whole wheat is always the same. It has been well proved by Weston A. Price and others that the carbohydrate, fat, protein, mineral, and vitamin content of each food vary greatly depending upon the section of the country producing it, the season of the year, and the manner of handling it.

This is the first of a new series on nutrition in its relation to the average dental practice. The same authors contributed "A Workable Dietary Table" to August *Dental Digest* (now an Oral Hygiene publication) which was reprinted in November O.H.

ORAL HYGIENE believes that the average dentist is not so much interested in the research incident to a study of nutrition as he is in the practical application, in his own practice, of the accepted principles of nutrition.

The authors hope to "inculcate some ideas that may safely be put to practical use by the dentist in his very important work of caring for the human masticatory organs."

In speaking of any food product, therefore, we will have to generalize, inasmuch as we shall try to strike a happy medium by speaking of averages whenever possible.

Of the three primary necessities of life, food, clothing and shelter, the most important is food. Without food life itself is impossible. Too little leads to loss of energy and a stunting of growth; too much may stuff the furnace of life, until the fire is dulled, even by the best of proper foods.

The appetite is not a safe guide to the selection of foods.

It is just as sound practice to prescribe what people shall eat as to prescribe the medicines they should take. In many instances, food prescribing will do more good, especially if done in time to form the proper dietary habits before pathological conditions develop.

Then the problem of how much enters. By discreet choice of foods, life and happiness may be prolonged. Indiscreet use may lead to headache, constipation, dental caries, gingivitis, complete loss of the teeth, or even of life itself. It is too bad that so many people buy ill health with the money provided in the budget for the most important health-giving elements we use. It is also too bad that the one who provides the three meals a day is no better fitted for the task than is so often the case. What is needed most is more skill in divining the physiological requirements of the fam-

ily than in preparing dainty dishes to pamper the appetite.

Health is normal, while disease is perverted health. Right foods and right living, if started in time, are the best remedies for all ills. They are far better as preventives, however. The results of years of wrong living cannot be corrected by as many days of correct living. The diet for a healthy individual will not always be the correct one for a person who has already developed a pathology. It is not entirely how much you eat, but how often, how well it is masticated, and what elements the foods supply. The use of drugs, alcohol, drinks that are too hot or too cold, and excessive amounts of condiments, all influence digestion. The age, sex, weight, physical, and mental condition, environment, and occupation all influence the diet.

The subject of diet covers such a large field that it is hard to avoid digressions and generalities, so we beg for tolerance in case the subject is lost sight of at times. Some of the subjects that hinge closely upon diet, in fact compose a part of it, are: selection of foods, food preservation, cooking, food chemistry, physiology, pathology, hygiene, bacteriology, and even law. The forces of muscular action, motion of the jaws, and the articulation and anatomical construction of the teeth themselves all must be considered.

Because of the great amount of talk about diet, laughing stock has been made of the subject. Nevertheless, the problem of selecting the right diet for a given individual remains. It might be well to remind our readers here that diet does not mean deprivation; it means simply the regulation of eating according to the laws of nature.

There can be little doubt, however, that control of diet may have great effect on the structure of the teeth, bones, and other tissues, and influence the quality, time of eruption, and condition of the oral tissues in general.

One of the greatest difficulties in putting the theories of diet into successful practice is that the public in general is not well prepared to assimilate our teachings. They may listen attentively but may not comprehend all we say. They may do their best to practice what we preach, but as habit is one of the greatest motivating forces of nature the greatest number will slip back into the old habits of eating either because that is the line of least resistance or because of likes or dislikes developed in the eating habit. However, with intelligent cooperation, some very remarkable results can be obtained.

It is, of course, very hard to control the eating habits of the human being under ordinary conditions. About the only times when absolute control has been exercised is when patients are in institutions where they are at the mercy of physicians, dentists, and dieticians.

The same thing is true of the work done along this line by

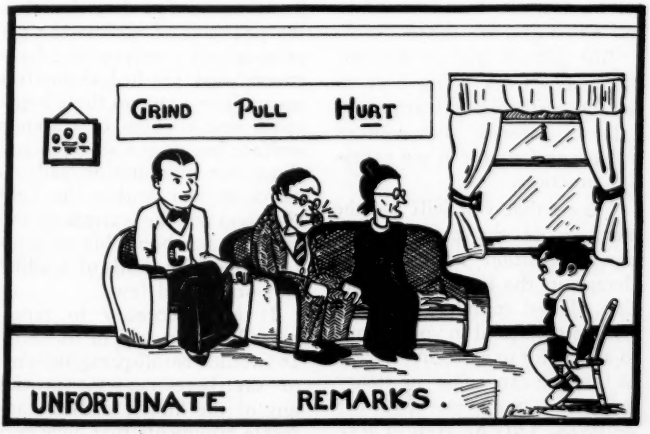
Boyd and Drain in the College of Dentistry and Department of Pediatrics at the State University of Iowa.

In some of their work control has been carried on long enough for them to come to some very practical conclusions. In most cases results are subject to error because of lack of control. For this reason most experiments along this line have been conducted upon animals, such as rats, cavies, and rabbits. These animals have been used also for the reason that the results that would require years to obtain in the human being can be demonstrated on them in about as many months.

Of course, it is well known that it is next to impossible to get the housewife to compute the calories of energy consumed by the individuals of her family. These computations are generally useful in the hands of physicians, dentists, and dieticians in institutions where specific conditions of pathology are being treated. However, in this series of articles we will present enough on that subject to give the dentist at least a working knowledge of the caloric theory.

In our estimation the vitamins and minerals offer the greatest field for study and investigation, since they have a more direct bearing upon dental health—and, consequently, on general health—than any other phase of the subject. We will attempt, however, to give some insight into some of the different theories of diet.

East Kemp Avenue
Watertown, S. D.



Submitted by Dr. H. B. Shafer, Anna, Illinois

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

A Petition for Reciprocity

For the last eighteen years, I have enjoyed reading your magazine, and I feel I must tell you how much I enjoyed your splendid editorial on reciprocity in the June issue.* I know a good many of us appreciate it. I am sure I do because at the present time a member of my own family has been ordered to move to a dry, warm climate.

Just picture me, at the end of a day's work going back to my old textbooks to learn again a lot of nonsense that none of us have any use for in our everyday practices.

I hope that you will ask the members of the profession to sign a petition asking for a change in the licensing of dentists. I feel confident that you will be successful in your efforts to secure for us a decent "break" so that we can, when necessary, move our practices.—MORTON SEIDNER, D.D.S., *New York.*

*ORAL HYGIENE, June, 1932, p. 1164.

What Say You?

So much has been said and written in favor of reciprocity and apparently so little accomplished that to some it may seem a most futile and hopeless task.

In spite of the many well written, ably presented, and convincing arguments in its favor, reciprocity remains an unrealized and elusive dream.

The rapid fire from our guns has thus far failed to demolish the pedestals of egoism the opponents of reciprocity have erected and perched themselves upon. The crust on these hypocrites and enemies of common welfare has grown so thick and slimy our ammunition fails to pierce it, and neither the light of reason nor the warmth of fair criticism has been able to penetrate the thick skulls of a selfish and prejudiced few.

It is unnecessary to repeat what has been said in its favor. It would be disparaging—not to say boresome—to mention any of the flimsy, shallow, and feeble arguments that have been advanced against it; all the ar-

guments that have been made against reciprocity *are* flimsy, shallow, and feeble. What *is* necessary is the continued forging of sound and unbreakable equipment; that equipment placed in the hands of competent operators who will unselfishly and persistently continue to excavate, dislodge, and expose to the light the deeply embedded roots of a vile and poisonous weed that has been and is nourishing itself on food that wholesome and useful trees should receive.

To relinquish the right we have of fighting against biased and sectional legislation would be nothing short of sheer cowardice.

The writer, like thousands of other satisfied practitioners, has no desire or intention of leaving the state which granted him the privilege of earning his bread; he has all due respect for the opinions and convictions of the opponents of reciprocity, but without further apologies clings to the belief that state limitations and boundaries in the matter of practicing dentistry are obsolete, and serve no purpose other than the selfish interest of a small minority. Register *your* sentiments—whatever they may be.—ARTHUR CORSO, PH.G., D.D.S., *Cambridge, Massachusetts*

Dental Education for the Public?

For many years there has been much talk about educating the public to dental needs. And for many years after I graduated from dental college I felt that the public should be so educated. But one day I had a patient who seemed to be so interested in what I was doing in her mouth, the whys and wherefores regarding the careful preparation of the cavities, and care and time I gave in the preparation of the teeth for some bridges, that she asked many questions about the work as it progressed. I got tired of giving her a lecture in dentistry. So I said to her, "You know, when I went to dental college it took me three years to complete my training and get some dental education, and I have also been studying these thirty years since I graduated, and, to tell you the truth, I can't—nor can anyone else—give you intelligent dental information in the short amount of time that I have allotted in which to do your dental work. So you will have to be content with this answer, and since I believe you have confidence in my judgment and ability I will complete the dental work and we will talk about some other topics."

This remark seemed to set well with her, for she said, "Really, since I have perfect confidence in your judgment and ability it should not concern me how you do the work, or why."

The idea of educating the public dentally is not what it implies. Really, the idea means to get the public into the mood for more dental work; and I really believe that there is no one who

can make dental services very popular with the general public.

The younger generation is not hearing the awful gruesome stories that used to be told about dental operations, so it is easier to practice dentistry for the young than it used to be some time ago. And it will be easier in the future.

Now let me say that I believe that if the dental colleges will endeavor to elevate the dignity of the profession, to make it more of a dignified profession than a skilled mechanical trade, the public will then have confidence in the doctors of dental surgery and will not need to be educated as to what is the proper treatment for pyorrhea, Vincent's angina, or the pro's and con's of fixed or removable bridgework.

The five-year course of dentistry of today can not be taught to the public through the newspapers, the monthly magazines, or over the radio.—J. L. HELMER, D.D.S., *Indianapolis, Indiana*

A Dangerous Precedent

Several months ago, owing to a considerable decrease in denture work, several of the local dentists decided to investigate the activities of Messrs. X and Y, two of the laboratory men who are doing business in Wilmington.

For a long time these men made a practice of doing plate work direct, but it was a difficult matter to do anything about it owing to the fact that no one could be found who would appear against them.

So several of the dentists conceived the idea of getting a detective who was edentulous. Mr. Detective went one day to the laboratory with his clothes all soiled—dressed as a farmer. So the laboratory man "bit" and made the plates, received the money in the presence of a confederate; and so the case was brought before the Attorney General who, in turn, presented the case to the Grand Jury.

Several days ago the case came up. This was the outcome as it appeared in the daily press: "The case of Messrs. X and Y for practicing dentistry without a license was *ignored.*"

So that explains in a few words that, so far as Delaware is concerned, a laboratory mechanic can practice dentistry, and does not require a license.

The ultimate consumer, no doubt, will be pleased as the work will be a little cheaper. Also, dentists and physicians are, no doubt, looked upon as capitalists and this will be indeed good news.

Unfortunately, the dental society did not show any particular interest (in cases of this kind it needs a paid attorney), and left

the matter to the District Attorney's office.

Lawyers need cases, you know, so the old adage of getting something for nothing still holds good.

To make the matter worse, there is quite a little competition among the several local hospitals to extract teeth for 25 or 50 cents. This service is obtained and no questions asked. All that is needed is the money. Thus the teeth are extracted at a very low rate and the people may then go to the mechanics for the plates. It is a little different from shoes as a plate lasts a long time.

Today I inserted a plate for a patient who had her teeth extracted at the hospital. She paid $38 for the plate. Anyone who is able to pay that fee is not the type to get so-called charity service. Of course, the hospital service is first class, fully equal to the office service; but the point is that this method and lack of interest make it very difficult for many of the dentists.

I presume that this case offers a precedent and Delaware can go on record as being the first state to allow dental mechanics to furnish dentures. A bad state of affairs for dentists, but welcome news for the populace.—Q.E.D.

Can You Equal It?

I had such an unusual experience in my office a short time ago that I think others would be interested in hearing about it.

A man and his wife came in with eight of their eleven children to have the children's teeth examined for school cards. The children—all in excellent health and handsome—are as follows: William, Helen, Albert, Elmer, Frances, and Lloyd; then come the twins, Ralph and Raymond; and then the triplets, Doris, Donald, and Dean. The accompanying picture shows the twins and the triplets.

I doubt whether this occurrence could be duplicated by any other dentist as this is the only family in the state of Iowa having triplets, twins, and single children. The mother tells me that she has had many offers to appear with the children at fairs, exhibitions, etc.—N. S. BRADFIELD, D.D.S., *Fort Madison, Iowa*

The FORGOTTEN FACTOR*

By MICHAEL PEYSER, D.D.S.

THE question concerning the economic future of dentistry must be settled by the dentists within a very short time, or it will be settled by people who are not dentists. In spite of the tons of paper and ink used in publishing anyone's and everyone's ideas on this question, nothing constructive has been put forth that has been accepted by the profession. I have offered what many competent critics think is a good constructive program, but it has suffered the same fate.

Dr. L. Pierce Anthony, editor of *The Dental Cosmos,* in an editorial some months ago stressed the fact that dentistry is at the point where it must choose between insurance dentistry and state dentistry. The writer has always held and still holds the greatest respect and admiration for Doctor Anthony, but his pronouncements in that editorial show to what a low state the thoughts of the profession have fallen, when such a man is defeated and sees no other way out but through state or insurance dentistry. Doctor Anthony takes refuge in the statement by Simmons and Sinai, in their book on health insurance, that no dental organization in Europe has officially condemned the system of health insurance in vogue there. What of it? Nobody here is going to condemn workmen's compensation legislation in principle, but they might condemn its operation.

Dr. Haven Emerson, of Columbia, has stated positively many times that the systems in Europe do not fit the needs, customs, and traditions of the American people. Simmons and Sinai are lay social science experts. Emerson is a physician and a professor of public health.

Whether health insurance is good, bad, or indifferent, is unimportant compared to the more pressing question which I shall ask later. We have other symptoms of such a defeatist complex—the willing acceptance of socialization by a great many leaders as the only way out.

I do not wish to pose as a prophet or a son of a prophet, but I cannot resist the temptation of pointing out that in November, 1930, in *The Dental Cosmos,* I predicted and showed

*Read before the Flatbush Econon.ic Chapter of the Kings County Dental Society.

"Now we come to the most important factor in the problem of socialized dentistry, the forgotten factor, if you please, because it seems to be ignored. This factor is control."

●

how state dentistry would be accepted by a great many, because it was the easiest way out for a lazy thinker. I say now that those who think that the only way out is either state dentistry or insurance dentistry are either licked or lazy, or, perhaps—which is worse—have sinister ulterior motives. That phase I will discuss later.

A great deal of faith has been placed in the leadership of the American Dental Association. This faith has been misplaced. There is nothing to show yet that the A.D.A., or any component society, has shown the slightest trace of leadership. Dr. Martin Dewey, while president of the A.D.A., attempted to unify and crystallize the sentiment of the Association along economic lines. But every component society of the A.D.A. looks upon itself as the sole arbiter of its members' affairs. The economic question appears to each society, not as a problem of the whole profession, to be dealt with by the cooperation of every member of the A.D.A. whether the members live in California or New York, but as a matter to be treated in a local way by a local society. In a way this stand is correct.

In short, the A.D.A. is a heterogeneous body, composed of so many conflicting and antagonistic elements that it is incapable of acting as a unit. S. J. Salzmann, of Philadelphia, one of the best dental economists we have, in a paper in ORAL HYGIENE,* deplores the lack of economic action on the part of the A.D.A. Salzmann indirectly admits a lack of leadership. Coming from Salzmann, a prominent member of the A.D.A., his is a very severe indictment. Do not misunderstand; all this refers only to the economics of dentistry and not to the science of dentistry.

Now we come to the Allied Dental Council. Here is a body of component societies not geographically scattered. Compared to the A.D.A. it is much more compact and more unified, but with a much smaller membership. In my opinion its personnel has more economic intelligence than that of the A.D.A. Its leaders and members fully realize the importance of the problem, but what has it done? The answer to this question is, "Nothing." This is said with a great deal of regret.

The reason for this failure is very simple. Instead of turning themselves to the actualities of the problem and attempting to

*ORAL HYGIENE, September, 1932, p. 1678.

devise some constructive ideas, they go off on tangents. Their economic activities consist of academic and abstract debate. They put on some very good shows, notable among them the debate between Doctor Chayes and Doctor Dewey.

In short, the A.D.C. and its component societies have become a debating club on the question of economics. The democracy which prevails within this organization has allowed free expression for its members, and its members have taken advantage of that. But this freedom of thought has been of no avail, as the members themselves instead of thinking in actualities have soared into the clouds of theory.

After a study of the situation it is apparent that one of the following four will eventually be the fate of dentistry: state dentistry, insurance dentistry, institutional dentistry, or another system yet to be devised or introduced.

It is not necessary to describe the first two as everyone is, or should be, familiar with them. By institutional dentistry, I mean the pay clinics and quasi pay clinics or any form of organization which gives mass health service. Each of the first three has a distinctive form but objectively and basically they are nothing but different forms of socialization, varying only in degree of application.

Before going any further I am going to state my position on this point. I am opposed to any of these three as a means of solving the problem because I believe they will not solve the problem. Any solution to be successful must serve both the public and the profession. These methods will never serve the public properly and at the same time be equitable to the profession.

State dentistry or any modification of it means control by the people. Control by the people in this country does not mean exactly what it says. It means control by the leaders, otherwise called politicians. Consider this: There are 60,000 dentists and 150,000 physicians. What is their combined voting power as compared with that of 50,000,000 voters?

This country is composed of forty-eight states, each with its own state's rights; so there cannot be a uniform system. Therefore, each state must solve its own problems. Remember that this problem is not a national one when it comes to the actual solution. State dentistry would mean the complete socialization of the entire health service.

If there are three billion dollars a year now expended in the entire health service in this country, and that service is admittedly inefficient, what would be the cost of a complete, socialized health service? No one can even hazard a guess.

Today with a greatly depleted national income, which is now 54 billion dollars a year, 12 billion dollars a year is spent on government—Federal, state, and local—and the whole country is clamoring for a reduction

of this 12 billion dollar item. Now, add the cost of a complete, socialized health service.

This may seem a poor argument because it will be contended that this stupendous additional cost, if assuring the health of every man, woman and child, would be worth while. This is true but is there any indication that the people of the United States are ready and willing at this time to add to this tax burden?

Insurance dentistry, or any modification of it, means either the creating of new agencies to handle it or turning it over to the casualty companies. The latter is more likely to happen. This will mean that the agency handling it will set fees and be the sole arbiters of who is and who is not to be employed.

Institutional dentistry has shown clearly that the private practitioner is helpless against it. It takes business away from the private practitioner and gives service at a low cost because it pays no taxes and pays little or no salaries.

Now, having drawn a sketchy background, we come to the most important factor in this problem, the forgotten factor, if you please, because it seems to be ignored. This factor is control.

Who is to control the march of events? Who is to take charge? Let us disregard the advantage or disadvantage of any or all of the three methods of solution. Let us stop thinking of any new solution. This question is the most important. It cannot be disregarded without peril to every member of the professions. It is personal with each one of them.

Examine this forgotten factor, and you readily see why there can be ulterior motives in the minds of many writers on this question. The ulterior motive is the same old desire to get control and profit thereby. Let us illustrate with examples with which you are familiar. Take the case of Doctor Walker, brother of the famous former mayor of New York. It was alleged first, that he had a monopoly on the city compensation business and, second, that he split fees with his colleagues.

This was all done legally under the operation of the state compensation law, which is nothing but another form of social insurance.

An attempt was made to lay the matter before the State Board of Regents, on the ground that it was illegal or unethical, or both, to split fees. So far the Grievance Committee of the State Board of Medical Examiners has not shown any inclination of acting in the matter because they claim that, while splitting fees may be unethical, according to the canon of ethics of the American Medical Association, the Committee is not concerned with ethics, but only with the illegality, and since no illegality has been shown the Committee is powerless. I am relating this only to pave the way for a discussion of the real significance of this

episode. The significant point is that Doctor Walker was able to get a monopoly of the city compensation business, and, also, how did he get it? You can answer that question.

Suppose we have, in the future, a system of insurance dentistry. Don't you see how easy it would be for a set of men to gain such control of the situation and virtually secure a monopoly of all the business? In short, there would be a very few men who would get all the gravy and the rest of the dentists would take whatever might be left.

Let us now take another example of how social insurance works. Everyone knows that if a man over 45 were to look for employment now he would very likely be turned down because of his age. Now how does such a situation arise? Did it arise because industry and business really find that men of 45 or over are inefficient, or is there some other reason? The real truth of the matter is as follows: Employers of labor have always been bothered by the great turnover. This turnover of labor works to the detriment of the efficiency of their plants.

Now, an easy way to get rid of this problem would be to give high wages, not so-called high wages, but high real wages. Unfortunately, that thought does not seem to be popular with our great captains of industry. So, in order to keep their efficient men in line and working steadily and having them content, they devised the method known as employees' welfare benefits, such as mutual benefit societies, giving health service, etc., and group insurance. The companies which write group insurance will not cover anyone who is older than a prescribed age. Some companies will not go above 35; all of them will not go over 45. The unhappy results of this social welfare aid known as group insurance was that thousands of men between the ages of 40 and 45, and over, lost their jobs, and what was still worse, could not secure jobs in any other plants.

There you have a form of socialization designed to solve a certain problem, and creating a new problem in its stead.

As a last commentary on insurance, let us note that the average overhead expense of the casualty companies in the United States is 40 per cent. In other words, if there is $100 in premiums collected, $40 would go for the administration and $60 for benefits.

We come to the real problem in an attempt to socialize the entire health service. This lies in the fact that this socialization cannot be accomplished all at once and in all places at once. It will be a gradual evolution and geographically spotted. Many important things will happen while the evolution toward completion goes on. If we are to judge by the experience of Europe, we must conclude that no state or locality in this country will go the whole way all at once. The movement will start by biting off the cor-

ners, and in biting off the corners it will be doing real damage. We will gradually get socialized and in this evolution we will find the state service in direct competition with private practice, just as today we have the Government competing with private business. Private business pays the cost of Government and in grateful appreciation the Government competes with private business, in thousands of instances. The private practitioner, under partial or complete socialization, who would be so unfortunate as not to secure a Government job would be reduced to a very pitiable state. Most of his patients would be taken away by the competition of low cost or no cost dentistry, and yet he would have to support his competitor —Government—by paying taxes to it.

The best example of the competition of partial socialization is institutional dentistry. Columbia University is supported by private endowment and public contributions. It pays no taxes, yet it competes with the private practitioner to such an extent that in its vicinity many physicians and dentists were forced to give up their offices. Throughout the entire city many practitioners have felt the result of the competition of this institution, and others of its kind.

The socially minded will answer here by saying that establishments such as I just mentioned are doing a great public service. They provide the masses with good health service at lower fees. Let us admit that. But let us be frank and admit other things. How many among us are willing to sacrifice their own economic security, or what we have left of it, and the welfare of their families upon the altar of humanity? Why should we contribute more than the average citizen toward the public welfare?

There is another angle to this solution: these pay clinics in many instances pay no salaries, or at best very low salaries, to their operators and their employees. If they do raise the standard of service and lower cost, at whose expense do they accomplish it?

Theoretically, complete socialization of health service would solve all problems connected with it. If we argue logically, then it follows that we cannot have this without complete socialization of all services and all commodities. The only completely socialized health service today is in Russia, and it is there because Russia is completely socialized. Our history and tradition belie the theory of a sudden overturn in our mode of Government. The people here act slowly and bear evils with great patience. They are typically Anglo-Saxon. Besides, why worry about complete socialization? There is nothing that we can do about it when it comes but accept it, or perhaps face the firing squad.

Everything points to the slow erection of a socialized service. It will start in one locality, perhaps in a small way, and ap-

propriate nearly all the business of the neighborhood. The success or failure of these enterprises will speed or slow up the development. But slowly and surely it will progress and slowly and surely it will strangle the health professions economically.

What are to be our conclusions? What are we to do if the A.D.A. and the A.D.C. have shown no leadership? How are we to counter attack or accept socialization? Can each dentist act for himself? We know he cannot. Can each dentist ignore the question? We know he cannot. Therefore, our first conclusion is that each dentist must acknowledge the problem and cooperate with his fellows in meeting it. But how can he do such a thing without organization? There is no organization that fits the need, except one, and that has received no support. The answer is obvious. The dentists of this country must form a new independent body, thoroughly democratic in spirit, excluding only those whose practices are against the public's and profession's interests, and accepting all others in a liberal manner. The purpose of this organization should be to take control of the situation and then work out a solution which would be equitable to both the public and the profession.

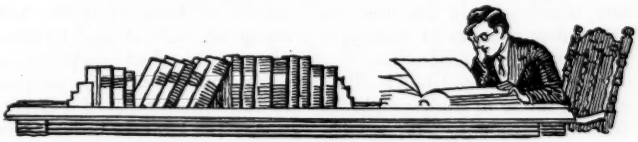
219-21 Jamaica Avenue
Queens Village, L. I., New York

DENTAL HEALTH PROGRAM IN PRIVATE PRACTICE

Believing that modern dentistry is greatly in need of better understanding with the patient concerning his oral health, Dr. William E. Ingram, of Providence, Rhode Island, conducted a ten weeks' mouth health program in his private practice.

Dental charts were graded according to the condition of the mouths, and the needed work was done; that is, x-rays were made where necessary, fillings inserted, oral prophylaxis given, and gums treated. Upon the completion of the work, each patient was given a useful gift for having obtained a clean, healthy mouth. More than one hundred patients were fully qualified in this health program.

ORAL HYGIENE'S LIBRARY TABLE



BOOKS REVIEWED FOR BUSY READERS

A Review of Doctor Simpson's Latest Book

By HOWARD R. RAPER, D. D. S.

Advanced Radiodontic Interpretation by Clarence O. Simpson, M.D., D.D.S., F.A.C.D.; Professor of Radiodontia in the Washington University School of Dentistry; Director of the Oral Diagnosis Section of the Soper-Mills Clinic, St. Louis. Author of *The Technic of Oral Radiography*, and *Toothsome Topics*. St. Louis; The University Press.

HERE is an extraordinary book, extraordinary because it marks an important milestone in the development of the science and art of radiodontia, because of its superlative excellence, and because it employs a new method of illustration.

Some years ago, I recall having seen a halftone picture in a chamber of commerce booklet, under which was printed a caption something like this: "Alfalfa field. Observe the skyline of the city in the distance." Well, I tried to observe the "city in the distance," but I could not see it; it was apparently too far in the distance; it simply was not there. Since that time I have observed a good many halftone radiographs which have reminded me of this picture. I have been directed to see things in radiographic halftones which simply were not there.

Teachers of radiodontia have long been aware of the limitations of halftones as a means of teaching radiodontic interpretation. To overcome these limitations, Simpson uses transparencies instead of halftones. A pocket in the back of the book contains nine films 8 by 10 inches. Each one of these films carries numerous reproductions of x-ray negatives, 135 in all. And when I say reproductions I mean just exactly that. The reproduction is so perfect that one might just as well have the original negative before him. Technically, this is the finest piece of work in the field of

radiodontia the world has ever seen, and I am not so sure I would not be justified in saying radiography instead of radiodontia. And, by the way, this teaching idea of Simpson's is one which should be used in other departments of radiography as well as radiodontia.

The nine 8-by-10-inch films carry groups of radiographs as follows: Group I, a typical 16-film examination. Group II, maxillary anatomic variations. Group III, mandibular anatomic variations. Group IV, anomalies of dentition. Group V, bone types and nonseptic abnormalities. Group VI, pathologic processes and reactions. Group VII, extraoral views of dentition and cysts. Group VIII, mandibular cyst, necrosis and fractures. Group IX, mandibular fracture and dislocation, and maxillary sinuses.

It is a matter of regret to this writer that interproximal negatives were not used to illustrate dental caries and incipient pyorrhea, for this type radiograph is the one which should be identified with these lesions. Doctor Simpson points out that the diagonal vertical x-ray angle, such as must be used for the upper bicuspid and molar regions, may reveal evidence of incipient pyorrhea which might be overlooked in an interproximal negative, but to conclude from this that the angles used in periapical radiography are universally better for revealing evidence of pyorrhea than the angles used for interproximal radiography is illogical and not borne out by the facts. Although the interproximal x-ray examination may be used as an "adjunct to periapical examinations," its use is by no means confined to this field. It is an entity, a thing in itself, with economic, clinical, and technical advantages which make its use preferable for certain purposes to any other type of examination. The interproximal x-ray examination *per se* is indispenble to a practical clinical preventive dentistry just as the periapical examination is indispensable for general diagnostic purposes.

It is customary, or so it seems to me, for reviewers to conclude their reviews by saying something like "you will want this book in your library," or "no library is complete without this book," or something of this sort.

But the fact is I do not like very well being told I must have this or that particular book. How does the reviewer know I want or need it? How does he know I do not have another book that is just as good?

In the case of Simpson's book, you cannot have another book that is just as good, for no other book is illustrated as is his. I do not mean to say that halftones are useless as a means of teaching radiodontic interpretation. Much, very much can be taught by them, but the Simpson method goes farther. Everyone who gives diagnoses from dental radiographs should study this book. There is no substitute for it; it is the only one of its kind.

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Aphthous Stomatitis

Q.—One of my patients, a woman about thirty years old, is troubled almost constantly with large aphthous ulcers.

I have been trying to treat these for over a year with drugs, concentrated phenol solution, thirty per cent silver nitrate solution, and trichloracetic acid, but none of these drugs seem to have even the least effect on the ulcers. My patient is in very good health and her diet is well balanced. She does not seem to have digestive disorders of any kind.

Could you please suggest a remedy?—J.D.H.

A.—Aphtha, or aphthous stomatitis, is characterized by small white vesicles and usually arises in children under three years of age and is supposed to be caused by a special organism.

Just what your patient is suffering from can probably be determined only by a direct examination and I would suggest that you call in a dermatologist for consultation.

Ulcerative stomatitis, or ordinary canker sores, is the most common type of stomatitis from which adults suffer and is usually amenable to treatment with trichloracetic acid locally and adjustment of gastro-intestinal discrasias.—GEORGE R. WARNER

Root Canal Therapy

Q.—I would like to know if it is proper to seal iodoform gauze or paste in the pulp chamber after extirpation or treatment of putrescent pulp. Would this as a permanent dressing

have a tendency to cause future trouble?

Other than gutta-percha what would you suggest for a permanent canal filling in infected and non-infected teeth?—H.A.S.

A.—The use of iodoform gauze or iodoform paste as a dressing for pulpless teeth is not practiced by the men who specialize in root canal work. In case of a putrescent tooth the use of formocresol is advised as a dressing which, of course, should be changed daily until there is no further infection in the pulp canal. Infected root canals should be sterile before they are filled; and, in such an instance, there would be no difference in the type of root canal filling whether the root canals were or were not infected when treatment was undertaken.

Modern practice in root canal fillings is to use a cement carrying a silver salt and with this either a gutta-percha cone or silver wire.—GEORGE R. WARNER

Trifacial Neuralgia

Q.—A few months ago I read of a preparation discovered by a foreign physician which gave relief to persons suffering from trifacial neuralgia. I believe it is inhaled.

Can you give me any data on the preparation, its name, and its merits?—L.W.R.

A.—The preparation to which you refer is trichlorethylene. I have had some very favorable reports on this preparation and some unfavorable. The unfavorable reports were not that there were any bad results but simply that it didn't relieve the tic. It is well worth trying and as far as I can learn there is no danger if used according to directions.—GEORGE R. WARNER

Dental Erosion

Q.—What is the cause of erosion of the teeth and what treatment should be given?—M.W.D.

A.—Various theories about the cause of erosion of the teeth, such as an acid condition of the mucous membrane and tooth-brush wear, have been advanced. Cases do not seem to check with these theories and, as far as I know, there is no accepted etiology of this condition. Just as a matter of precaution we always advise people to avoid cross brushing and to use a diet with a largely alkaline ash. Further than this we do nothing, except to fill when the erosion gets dangerously deep.—GEORGE R. WARNER

Removing Discoloration

Q.—The upper left lateral of one of my patients is badly discolored. The tooth has been devital for several years and has a rather large silicate restoration. The discoloration became noticeable shortly after the pulp was removed.

Is it possible to remove this discoloration? What agents and

technique would you suggest?—P.J.F.

A.—If this discoloration is from blood and not from a chemical agent or metallic filling, you can improve the appearance, if not thoroughly decolorize it, by using pyrozone. Isolate the tooth with rubber dam, remove all filling material from coronal portion of the pulp chamber and about two millimeters into the pulp canal. Then fill this area with cotton saturated in pyrozone and seal it in with white base plate guttapercha. In fifteen minutes remove this, wash out the pulp chamber with distilled water and repeat the process. After doing this two or three times at one sitting dismiss the patient for a day with the pyrozone sealed in the tooth. Then repeat the application until success is attained or you are confident the case is hopeless. In the latter event you can still use a porcelain jacket crown.—GEORGE R. WARNER

Burning Sensation with Dentures

Q.—I delivered full upper and lower dentures to a patient two months ago. He has been complaining of a burning sensation in his upper arch, especially in the anterior part of the mouth over the anterior ridge and anterior part of the roof of the mouth. He also complains of the taste of rubber.

I have relieved pressure over the nerve areas but the condition does not seem to improve. Can you suggest any remedies and reasons for such a condition?—F.D.F.

A.—Possibly your problem is a negative nerve pressure or suction effect where you have provided relief over the anterior palatine foramen. I would suggest that you fill this space in with soft wax and let your patient wear it so for a day or two. If the burning sensation ceases your course is obvious.—V. C. SMEDLEY

Result of Accident

Q.—The two upper centrals of one of my patients—an eleven-year-old boy—were knocked out in an automobile accident. What should be done for him?—C.B.W.

A.—Make a temporary bridge supported by orthodontia bands on the laterals.—V. C. SMEDLEY

Flowers in the Office

Q.—Can plants or flowers of any kind be grown in a dental office? I have tried many kinds but they die within a month. There is no more gas in my office than at home—where they grow very well.—H.M.D.

A.—My wife is quite a florist but she can't make flowers do well in the kitchen, because of the gas fumes, so I suspect your trouble may be from the gas in your office after all, particularly if there is any opportunity for the gas in your laboratory to get

into the room where you try to raise your flowers. We have growing plants in our office but we have no laboratory so there isn't very much gas around the office. It might be helpful to have a florist look into the matter of care of your plants in your office because it is possible that there is something besides the gas which is interfering with their growth. — GEORGE R. WARNER

Vincent's Infection

Q.—I have a case that has long been a puzzle to me. The patient is a man about fifty years of age who has the characteristic symptom of trench mouth —white patches along the alveolar ridge. These patches are more or less granulated and are not sore although the entire mouth is inflamed.

Some of the patient's teeth have been removed. Those which remain are all firm and have good fillings or gold crowns on them. The patient has used B.K. as a mouth wash for some time. His complaint is of long duration. At times it does not bother him, but I have been suspicious of this condition ever since I looked in his mouth.

Is there any definite way to treat this with any certainty of a cure? Do these cases ever develop into cancer? What would be the best way to determine what this disease is?—R.V.H.

A.—The first thing to do in this case is to have smears made of several of the worst looking subgingival areas. If it proves to be about a plus 3 Vincent's infection the probabilities are that this infection will answer for the whole train of symptoms.

We treat Vincent's infection, either acute or chronic, with succinimide of mercury, or with a ten per cent solution of chromic acid. We give a daily office treatment and, in conjunction with the medicinal treatment, a very thorough prophylaxis.

Handling these cases in this way we have been able to get negative smears after five to seven days. We have most of our cases use sodium perborate at home as a mouth wash but if they have been using sodium perborate, as many have, we ask them to change to hydrogen dioxide.

Tissue which is under constant and long irritation may become cancerous and, therefore, it is advisable, whatever the form of irritation, to clear it up as promptly as possible.—GEORGE R. WARNER

Removing Facings

Q.—How can Steele's facings be removed from bridges?—H.G.C.

A.—If the bridge is in the mouth, with a knife edge stone grind a longitudinal groove over the position of the pin, split the facing in two in line with the pin and snap it off in two pieces. If the bridge is out of the mouth you can of course get them off whole by soaking the bridge in an acid or ammonia solution.—V. C. SMEDLEY

To Doctor Taggart

(Portrait on Cover)

TWENTY-SIX years ago, January 15, 1907, the members of the New York Odontological Society listened to a dentist from Chicago read a paper describing a method of casting gold inlays for the teeth. It is doubtful whether they realized the true significance of this paper or foresaw the remarkable development of the idea. But what an historical moment that was when Dr. William Herbert Taggart announced his perfection of the gold inlay casting process.

After years of thought, working nights while others slept and depriving himself of many pleasures, Taggart felt justified in giving the results of his labors to the profession. The end-result has been a happy one and a united profession applauds Dr. Taggart today for his efforts—but there were many years of his life that were clouded by bitter litigation over priority rights and patent infringement.

Today all rancor is gone and Dr. Taggart is hailed as a benefactor of dentistry, the inventor of a method that has virtually revolutionized the practice of dentistry, eliminated much of the pain and discomfort for the patient and lessened the strain upon the dentist.

Dr. Taggart profited only modestly from the results of his labors and today his greatest wealth is a band of loyal friends who have stood by him through persecution and libel. He will be 78 years of age the 23rd of March, 1933, and intimate friends tell us that declining health has robbed him of many of the pleasures of an active life.

The next time you benefit from the heritage that William Herbert Taggart has handed down to you, give a thought to this great benefactor of dentistry. Better yet, why not write him a line of appreciation—it would mean much to him today. His address is 25 E. Delaware Place, Chicago, Ill.

W. Linford Smith
Founder

ORAL HYGIENE

ARTHUR G. SMITH, D.M.D., F.A.C.D.
Editor

THE MOUNTAIN HAS LABORED!

In reading the following comments on the report of the "Committee on the Costs of Medical Care" it should be born in mind that it does not represent the *unanimous* opinion of the Committee.

Oral Hygiene is able to state that Dr. Herbert E. Phillips—who represented the American Dental Association in this five year study was *not a signer* of the majority report—but, together with Dr. C. E. Rudolph, submitted a series of minority recommendations, a portion of which reads as follows:

"In our opinion, the most important influence for the maintenance of professional standards is vigorous initiative on the part of the professions themselves. They should, as individuals, and through their professional organizations, recognize frankly the existence of the problems and needs which are brought out by the studies of this Committee, and should themselves take steps to deal with them, through initiating or participating in experiments in group practice and group payment."

With the opinion as expressed in the above quotation, Oral Hygiene is fully in accord.

A more detailed analysis of the minority report of Drs. Phillips and Rudolph will appear in an early issue.

THE Committee on the Costs of Medical Care which carries the distinguished name of Dr. Ray Lyman Wilbur of the United States Department of the Interior as Chairman has brought in a "final"

report covering five years' study of the problem assigned it.

To list the names and titles of this Committee and its component sub committees would occupy several pages of this magazine. Suffice it to say that no more imposing roster of competent public spirited people could possibly be gotten together for any Public Health study.

Their report, none the less, leaves one with a sickening sense of the futility of all such undertakings. Stripped of pleasant verbiage and facile equivocation, the high lights of this interesting document are about as follows:

All changes should be reared upon the present health and medical structure—but everything should be radically different.

There should be more physicians and these should be more adequately educated—yet, the statement is made that "one third of all private practitioners of medicine at present enjoy (?) net incomes of 'less than $2,500'." How much less is not stated.

A "broader foundation" for dental students is recommended—in spite of the fact that costs of present day education are so high that it has become a grave problem as to how they can, even now, be met by that desirable class of students to which all professions must turn for recruits capable of carrying on any branch of public health work.

Good medical care is defined as "limited to the practice of rational medicine based on medical science." "There is no place in modern medicine for the quack, the cultist, or the magician."

Just who decides as to what is "rational medicine" or genuine "medical science" is not suggested.

Has the medical profession, in even the recent past, been in agreement as to the value of certain epoch-making discoveries applicable to its own field which were made by men who were not "regular"?

Let the shade of a certain obscure French chemist,

Louis Pasteur by name, make answer. When he has ceased, let the figure of one Horace Wells, now standing in the Boston Public Garden, move its bronze lips and tell the terrible story of ridicule and misunderstanding awarded the boon of his discovery of general anesthesia which drove him to a stark despair culminating in suicide. Listen then to the only recently stilled voice of Truman W. Brophy as he relates how —for years—he was ridiculed for daring to enter the field of surgery with his now universally acclaimed Brophy operation for the surgical correction of cleft palate.

Is the medical profession today in full, or even reasonably approximate accord as to what constitutes "rational medicine" or "scientific medical practice"? Stating in a mere phrase that " medicine has no place for the cultist or the magician," this report then proceeds to outline in all seriousness a plan so general, so contradictory, and so impractical that only a profession composed entirely of magicians could ever hope to put it in even approximate effect.

"Cultists" are banished to an outer darkness which permits no recognition whatever, entirely overlooking the fact that some of the most intelligent and forward looking minds in the world are cultists—and—so far as we can judge by the past—this condition will persist indefinitely.

It is impossible in a brief review to cite more than a few of the many inconsistencies carried in this report. Some of these, however, are set forth as briefly and as honestly as possible.

"One or more hospitals should be developed into Community Medical Centers." "These to become the keystones of the medical services for each community where located. Complete medical services to be here supplied in return for weekly or monthly fees supplemented when necessary by contributions from tax funds."

Just how the rather delicate and important matter

of the adjustment between the "fees" and the "tax funds" is to be made, and by whom is another spot of total darkness in this masterpiece of splendidly sounding words.

Just how the spectres of graft, "political influence," sinister personal passions for aggrandizement, etc., are to be placed and kept in abeyance in the conduct of these recommended "Group Centers" is not hinted.

To summarize: This report is the result of five years of study on the part of the finest minds in the United States.

It bears evidence of the most careful and painstaking effort in its every line and word. The things which it evades or fails to mention have undoubtedly been omitted because of a carefully studied intention.

Yet these facts stand out unmistakably.

1. An almost total blind spot in regard to some of the oldest and most fundamental of all human rights and privileges. The right of the individual to his own decisions so long as these endanger no one save himself.
2. With an almost unbelievable naivete it proposes that we go definitely up and down, forward and back, and yet remain chiefly fixed where we now are.
3. It frowns on the development of specialization while publishing figures which show the incomes of specialists to be far above those of men in regular practice.
4. It ignores all medical science or treatment except that which "it" approves. Thus aligning itself with one of the oldest threats to human advancement, that of a self satisfied and self perpetuating autocracy.
5. It stresses the importance of Medical Centers, etc., and yet calls attention to the fact that no amount of technical skill or laboratory devices can ever compensate for the close personal rela-

tionship between physician and patient. By what conceivable legerdemain can a Medical Center establish and maintain a close personal contact with its clientele?

Taken as a whole, this majority report seems to stand as a warning and example to those among us who seek to usher in an immediate Utopia by means of an Herculean effort of "investigation"!

For this colossal undertaking the American Medical and American Dental Associations appropriated approximately forty thousand dollars each. The spirit and intention of these National Organizations in thus supporting this stupendous "fact finding" effort and its subsequent analysis, is beyond praise. However, *based on the majority report*, it would appear that hardly a more futile investment of so princely a sum could have been made.

All sound growth is slow; still slower when large numbers of individuals are involved in the growth process.

The function of true leadership is to *direct the thoughts and the idealism of the masses*—from whom—at a later date—the demands for improvement in the form of legal enactments, etc., must proceed.

Because of its vagueness, its many self evident contradictions, its liberal indulgence in generalities, its utter indifference regarding some of the most fundamental traits of human nature, it seems extremely doubtful if this document will prove of any definite value in the much needed solution to the problem of the Costs of Medical Care. The utter pity of being obliged to make such a statement.

INTELLIGENCE?

THE Volunteers of America were passing out the daily baskets to the shuffling and dejected line which slowly double-filed—in and out—of the narrow doorway.

One of the recipients was a man, evidently in the prime of life, well under forty years, shabby and defeated in appearance—yet without any outstanding stigmata of either mental or physical disability.

Just around the corner was parked what had once been an automobile, but was now little more than a sty on wheels—its windows practically opaque with greasy smears. Within sat a robust but dejected woman—a reeking infant in her arms. *The other four children,* the oldest not over seven years, rioted at will in the narrow confines of their perambulating prison.

The man with the basket nonchalantly deposited both himself and it in the midst of the squalor and squirming, stepped on the wheezy motor, and rolled slowly away.

* * *

The local "drive" for funds for the Volunteers and other charitable organizations is starting next week. The usual ballyhoo which precedes this annual effort is now in full swing.

It's a wonderful system! It must be! For no one seems interested in looking for ways to head off the necessity for aid—*at the source*!

CORRECTION

In the article, "The Oral Cavity as a Port of Entry," by Frank H. Peck, M.D., in the December issue of ORAL HYGIENE, an error appeared on page 2254 in the spelling of the name *Rosenow*. This should have been *Rosenau* and refers to Milton J. Rosenau, formerly Director of the Hygienic Laboratory, U. S. Public Health Service and now Professor of Preventive Medicine at Harvard University and Director of the Harvard School for Health Officers. This is not Dr. Rosenow of the Mayo Clinic.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Mother: "Has he many cavities?"

Dentist: "He needs some fillings in his uppers."

Small Boy: "Are you going to fill the 'down-ers' too?"

Mr. Brown: "Why is Mr. Akerson leaving for Florida?"

Mr. Ritchey: "Just got word land was found on his property."

"Doesn't your wife miss you when you stay out until three in the morning?"

"Occasionally; but usually her aim is perfect."

Customer: "I hear my son has owed you for a suit for three years."

Tailor: "Yes, sir; have you called to settle the account?"

Customer: "No, I'd like a suit myself on the same terms."

Nervous Musician: "Madam, your cat has kept us awake two nights with its serenade."

Mrs. Nextdoor (tartly): "What do you want me to do? Shoot the cat?"

Nervous Musician: "No, madam, but couldn't you have him tuned?"

She: "I've been asked to get married lots of times."

He: "Who asked you?"

She: "Mother and Father."

He (on the beach): "Are you good at doing dives?"

She (absent-minded): "After three a. m. I usually get sleepy."

So here she lies,
Take heed, you guys—
This girl once known as Katie,
She drove her car,
Through gates ajar,
To heaven—doing eighty!

Murphy, a new cavalry recruit, was given one of the worst horses in the troop.

"Remember," said the instructor, "no one is allowed to dismount without orders."

The horse bucked and Murphy went over his head.

"Murphy," yelled the instructor, "did you have orders to dismount?"

"Oi did."

"From headquarters?"

"No; from hindquarters."

Business manager (to his partner): "Why did you cancel that order for fountain pens?"

His partner: "Because, the fountain pen salesman wrote it down with a lead pencil."

Auntie: "Won't it be nice when baby brother talks?"

Joyce (rather jealous): "What does he want to talk for? He gets everything he wants by just yelling."

Rounder: "I sure need advice, old man. I'm in love with a Chicago gangster's wife. What would you recommend?"

Bounder: "Well, the Prudential, the Metropolitan, the Travelers—there are a lot of good companies."

Dental Meeting Dates

Minnesota State Board of Dental Examiners, next meeting, University of Minnesota, January 6 to 14, 1933, inclusive.

North Dakota State Board of Dental Examiners, Gardner Hotel, Fargo, N. D., January 10 to 13, 1933, inclusive.

Delaware State Board of Dentistry, examination for licensing dentists and dental hygienists to practice in Delaware, Municipal Building, Wilmington, January 18 and 19, 1933.

Minnesota State Dental Association, Golden Jubilee Meeting, Municipal Auditorium, Minneapolis, February 7 to 9, 1933, inclusive.

Great Lakes Association of Orthodontists, Annual Meeting, Cleveland, Ohio, February 27 and 28.

Central Pennsylvania Seventh District Dental Society, 31st Annual Meeting, Fort Stanwix Hotel, Johnstown, Pa., February 27 to March 1, 1933, inclusive.

Alumni Association, School of Dentistry, University of Buffalo, 33rd Annual Meeting, Hotel Statler, Buffalo, N. Y., March 1 to 3, inclusive.

The Thomas P. Hinman Mid-winter Clinic, Annual Meeting, Biltmore Hotel, Atlanta, Ga., March 13 and 14.

Kentucky State Dental Association, 64th Annual Meeting, Brown Hotel, Louisville, Kentucky, April 3 to 5, inclusive.

Michigan State Dental Society, 77th Annual Meeting, Civic Auditorium, Grand Rapids, April 10 to 12, 1933, inclusive.

American Society of Orthodontists, 32nd Annual Meeting, Oklahoma City, Oklahoma, April 19 to 21, 1933, inclusive.

Connecticut State Dental Association, 69th Annual Meeting, Stratfield Hotel, Bridgeport, April 19 to 21, 1933, inclusive.

Tennessee State Dental Association, 66th Annual Meeting, Knoxville, Tennessee, April 27 to 29, 1933, inclusive.

Massachusetts Dental Society, 69th Annual Meeting, Hotel Statler, Boston, Massachusetts, May 1 to 4, 1933, inclusive.

Pennsylvania State Dental Society, 65th Annual Meeting, Bellevue-Stratford Hotel, Philadelphia, May 2 to 4, 1933, inclusive.

The Texas State Dental Society, Annual Meeting, San Antonio, Texas, May 9 to 11, 1933, inclusive.

The Dental Society of the State of New York, 65th Annual Meeting, Hotel Syracuse, Syracuse, N. Y., May 11 to 13, 1933, inclusive.

The American Society of Radiographers, National Convention, Rochester, New York, May 31 to June 3.

Northeastern Dental Society, Annual Meeting, New Ocean House, Swampscott, Mass., June 5 to 7, inclusive.